


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90032 011 \*\*\*\*61.25

<b>DOCUMENT # N32375</b>					
1. Entity Name FOREST RIDGE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US		Mailing Address 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3112512	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIRST CHOICE ASSOCIATION MGMT, INC 4174 WOODLANDS PKWY PALM HARBOR, FL 34683			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUTLEDGE, PHILLIP		NAME	<i>Carl Jernquist</i>	
STREET ADDRESS	391 WOOD BRIDGE AVENUE		STREET ADDRESS	<i>383 Wood Bridge Ave</i>	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	<i>Tarpon Springs FL 34689</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOLICK, ANDREW		NAME	<i>Vice Pres. Brian Rytomyer</i>	
STREET ADDRESS	137 WOOD DOVE AVE		STREET ADDRESS	<i>304 Wood Dove Ave</i>	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	<i>Tarpon Springs FL 34689</i>	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAURIELLO, CHRIS		NAME	<i>Secretary Carl Blodman</i>	
STREET ADDRESS	1961 WOOD BEND STREET		STREET ADDRESS	<i>324 Wood Brook Ave</i>	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	<i>Tarpon Springs FL 34689</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSTENBADER, GLORIA		NAME		
STREET ADDRESS	367 WOOD IBIS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 345689		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JERNQUIST, CARL		NAME		
STREET ADDRESS	383 WOOD BRIDGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYWARD, KEN		NAME		
STREET ADDRESS	1865 WOOD BROOK ST		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other <del>like</del> empowered.					
SIGNATURE: <i>Carl E. Jernquist</i>		Date: <i>2-11-05</i>		Daytime Phone #: <i>642-3027</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					