

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION,
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morgan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 14 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43440 (9)
1. Corporation Name
ARBORWOOD AT FOREST RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
111 EAST LAS OLAS BLVD. FT. LAUDERDALE FL 33301 **111 EAST LAS OLAS BLVD. FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/15/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0265380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1 NE 23RD AVE	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pompano Beach	City & State 28
Zip 24 33062	Country 30
County 25 Broward	Zip 29

9. Name and Address of Current Registered Agent
**COLLINS, WALTER C.
111 EAST LAS OLAS BLVD
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
81 Name **THE Pelican Property Mgmt. Circle**
82 Street Address (P.O. Box Number is Not Acceptable) **1 NE 23RD AVE**
83 **Pompano Beach**
84 City **FL** 85 Zip Code **33062**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Joyce Gonzales* I am agent for Arborwood at Forest Ridge 2-24-95
(Signature and printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	POD COLLINS, WALTER C. 111 E LAS OLAS BLVD FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CANTRELL, WILLIAM 111 E LAS OLAS BLVD FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS A DAMS, PHIL 111 E LAS OLAS BLVD FT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRES. ALLEN Simmons 9342 Arborwood Circle DAVIE FL. 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VIP, DORIS CURTIS 2704 PINWOOD CT. DAVIE FL. 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SEC. CINDY FINK 2667 PINWOOD CT DAVIE, FL. 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	TREAS. LOUISE VOIPE 9366 ARBORWOOD CIRCLE DAVIE FL. 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	ASST. TREAS. ANTHONY D'IOE 2707 PINWOOD CT. DAVIE, FL. 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Allen P. Simmons* ALLEN P. SIMMONS 3-2-95 966-1400
(Signature and typed or printed name of signing officer or director) Date (Month/Year)