

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **1 NE 23RD AVE, POMPANO BEACH FL 33062, US**
 Mailing Address: **1 NE 23RD AVE, POMPANO BEACH FL 33062, US**

3. Date Incorporated or Qualified: **05/15/1991**
 3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business: **2700 W. ATLANTIC**
 Suite, Apt., etc.: **Suite 204**
 City & State: **Pompano FL**
 Zip: **33069** Country: **BROW**

2a. Mailing Address: **2700 W Atlantic**
 Suite, Apt., etc.: **204**
 City & State: **Pompano FL**
 Zip: **33069** Country: **BROW**

4. FEI Number: **65-0265380**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THE PELICAN PROPERTY MGMT CIRCLE
 1 NE 23RD AVD
 POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): **2700 W ATLANTIC Blvd**
 83 **Suite 204**
 84 City: **Pompano** FL 85 Zip Code: **33069**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Joyce Simons* *The Pelican Circle* DATE: **6/25/96**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, ALLEN	
STREET ADDRESS	8342 ARBORWOOD CIRCLE	
CITY-ST-ZIP	DAVIE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CURTIS, DORIS	
STREET ADDRESS	2704 PINEWOOD CT.	
CITY-ST-ZIP	DAVIE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FINK, CINDY	
STREET ADDRESS	2667 PINEWOOD CT	
CITY-ST-ZIP	DAVIE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VOLPE, LOUISE	
STREET ADDRESS	9366 ARBORWOOD CIRCLE	
CITY-ST-ZIP	DAVIE FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	OLIVE, ANTHONY	
STREET ADDRESS	2707 PINE WOOD COURT	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRES
2.3 STREET ADDRESS	CURTIS DORIS
2.4 CITY-ST-ZIP	2704 PINEWOOD CT. DAVIE FL.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(3)(k), Florida Statutes. 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: *Joyce Simons* DATE: **6/25/96** DAYTIME PHONE #: **472-5252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)