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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 2700 W ATLANTIC STE 204 POMPANO FL 33069 US
Mailing Address: 2700 W ATLANTIC STE 204 POMPANO F 33069-2597 US

3. Date Incorporated or Qualified: 05/15/1991
3a. Date of Last Report: 07/02/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

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
2700 W ATLANTIC BLVD
STE 204
POMPANO FL 33069

10. Name and Address of New Registered Agent
81 Name: Bonnevile (Name Change)
82 Street Address: P.O. Box Number is Not Acceptable
83 ~~The address~~
84 City: Pompano Beach 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: *Jorge Gonzalez V. President*
DATE: 4-2-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CURTIS, DORIS D	
STREET ADDRESS	2704 PINWOOD CT.	
CITY-ST-ZIP	DAVIE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FINK, CINDY D	
STREET ADDRESS	2667 PINWOOD CT	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input checked="" 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 D	
STREET ADDRESS	2707 PINE WOOD COURT	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" 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	

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14. I do 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 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: *Doris Curtis*
DATE: 3-10-97
DAYTIME PHONE: 0020011

CR2E037 (9/96)