


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 26 1998 8:00am  
 Secretary of State

0004304

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43440** (9)

1. Corporation Name  
**ARBORWOOD AT FOREST RIDGE HOMEOWNERS ASSOCIATION, INC.**

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

3. Date Incorporated or Qualified  
**05/15/1991**

4. FEI Number <b>65-0265380</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 <b>101 N. State Rd. 7</b>	2a. Mailing Address 26 <b>101 N. State Rd. 7</b>
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Suite, Apt. #, etc. 22 <b>Suite # 119</b>	Suite, Apt. #, etc. 27 <b>Suite # 119</b>
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City & State 23 <b>margate, Fla.</b>	City & State 28 <b>margate, Fla.</b>
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Zip 24 <b>33063</b>	Country 25 <b>Broward</b>	Zip 29 <b>33063</b>	Country 30 <b>Broward</b>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**BONNIEVILLE**  
**2700 W ATLANTIC BLVD**  
**STE 204**  
**POMPANO FL 33069**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
<b>PD</b>	<b>CURTIS, DORIS</b>	<b>2704 PINWOOD CT.</b>	<b>DAVIE FL</b>	
<b>DS</b>	<b>FINK, CINDY</b>	<b>2867 PINWOOD CT</b>	<b>DAVIE FL</b>	<input type="checkbox"/> DELETE
<b>AT</b>	<b>OLIVE, ANTHONY</b>	<b>2707 PINE WOOD COURT</b>	<b>DAVIE FL 33325</b>	<input type="checkbox"/> DELETE
<b>AT</b>	<b>OLIVE, ANTHONY</b>	<b>2707 PINE WOOD COURT</b>	<b>DAVIE FL 33325</b>	<input checked="" type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Pam Deutsch</b>
4.3 STREET ADDRESS	<b>2062 Arborwood Rd.</b>
4.4 CITY-ST-ZIP	<b>Davie, Fla. 33328</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Fred Knoppel (D)</b>
5.3 STREET ADDRESS	<b>2714 Pinewood Court</b>
5.4 CITY-ST-ZIP	<b>Davie, Fla. 33328</b>
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 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: *[Signature]* **7/24/98** (954) 984-8700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)