

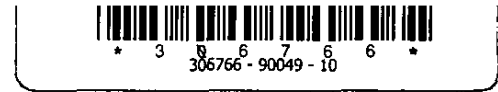
FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90045 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43440

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



Principal Place of Business 101 N STATE RD 7 STE #119 MARGATE FL 33063 US	Mailing Address 101 N STATE RD 7 STE #119 MARGATE:FL 33063 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/15/1991	4. FEI Number 65-0265380	Applied For Not Applicable
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 <i>American Hi Tech</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>101 N ST. Rd 7 #119</i> 83 84 City <i>MARGATE</i> FL 85 Zip Code <i>33063</i>		

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: *American Hi Tech* DATE: *4/1/99*
(NOTE: Registered Agents signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, DORIS	1.2 NAME	
STREET ADDRESS	2704 PINWOOD CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	
TITLE	OS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINK, CINDY	2.2 NAME	
STREET ADDRESS	2667 PINWOOD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVE, ANTHONY	3.2 NAME	
STREET ADDRESS	2707 PINE WOOD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUTSCH, PAM	4.2 NAME	
STREET ADDRESS	2662 ARBORWOOD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOPPEL, FRED	5.2 NAME	
STREET ADDRESS	2714 PINWOOD COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
Date Daytime Phone #

CR2E037 (11/98)