

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43440

1. Entity Name

ARBORWOOD AT FOREST RIDGE HOMEOWNERS ASSOCIATION

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90005 003 ****61.25

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 33063-4589 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1067 Shotgun Road Suite, Apt. #, etc.	3. Mailing Address 1067 Shotgun Road Suite, Apt. #, etc.
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City & State Sunrise, FL	City & State Sunrise, FL	4. FEI Number 65-0265380	Applied For Not Applicable
Zip 33328	Country USA	Zip 33328	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

AMERICAN HI TACH
 101 N. ST RD. 7 #119
 MARGATE FL 33063

7. Name and Address of New Registered Agent

Name
Michael Emery
 Street Address (P.O. Box Number is Not Acceptable)
One Financial Plaza
 City
Ft. Lauderdale FL Zip Code
33394

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **MICHAEL R. EMERY** DATE **04-03-00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	<input checked="" type="checkbox"/> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURTIS, DORIS 2704 PINWOOD CT. DAVIE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FINK, CINDY 2687 PINWOOD CT DAVIE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOPPEL, FRED 2714 PINWOOD COURT DAVIE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Glenn Kellis 9231 Arborwood Circle Davie, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Fred Knoppel 2714 Pinewood Court Davie, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S David Cass 9209 Arborwood Circle Davie, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Vito Camarasana 9314 Arborwood Circle Davie, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Aigner 2722 Arborwood Road Davie, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **3/24/00** Daytime Phone # **954 915 0323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)