

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90131 029 ****61.25

DOCUMENT # N43440

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

Principal Place of Business 067 SHOTGUN ROAD SUNRISE FL 33328	Mailing Address 1067 SHOTGUN ROAD STE #119 SUNRISE FL 33320 US
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2. Principal Place of Business 2950 N 28 Terrace	3. Mailing Address 2950 N 28 Terrace
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Hollywood, FL	City & State Hollywood, FL
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Zip 33020	Country USA	Zip 33020	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0265380	Applied For <input type="checkbox"/> Not Applicable
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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
**EMERY, MICHAEL
 ONE FINANCIAL PLAZA
 FT LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

0. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLIS, GLENN 9231 ARBORWOOD CIRCLE DAVIE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNOPPEL, FRED 2714 PINWOOD CT DAVIE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASS, DAVID 9209 ARBORWOOD CIRCLE DAVIE FL 33328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMARAGANA, VITO 9314 ARBORWOOD CIRCLE DAVIE FL 33328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIGNER, MICHAEL 2722 ARBORWOOD ROAD DAVIE FL 33328	<input checked="" 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	D Jonas, Chuck 9370 Arborwood Circle Davie, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Troha, Mary 2679 Arborwood Court Davie, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Fink, Cindy 2667 Pinewood Court 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED **2/2/02**

CR2E037 (9/01)