

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


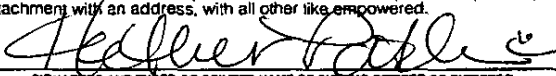
FILED
Mar 22, 2004 8:00 am
Secretary of State

02-18-2004 90018 006 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N43440 1. Entity Name ARBORWOOD AT FOREST RIDGE HOMEOWNERS ASSOCIATION, INC.					
2. Principal Place of Business 2950 N 28 TERRACE HOLLYWOOD FL 33020 US		Mailing Address 2950 N 28 TERRACE STE #119 HOLLYWOOD FL 33020 US			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0265380	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		
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. I am familiar with, and accept the obligations of registered agent.					
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 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE S NAME KELLIS, GLENN <input type="checkbox"/> Delete STREET ADDRESS 9231 ARBORWOOD CIRCLE CITY-ST-ZIP DAVIE FL 33328			TITLE P NAME Heather Patches <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 9241 ARBORWOOD CIRCLE CITY-ST-ZIP DAVIE FL 33328		
TITLE P NAME CHUCK, JONAS <input checked="" type="checkbox"/> Delete STREET ADDRESS 9370 ARBORWOOD CIRCLE CITY-ST-ZIP DAVIE FL 33328			TITLE JD NAME DAVID CARL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 9209 ARBORWOOD CIRCLE CITY-ST-ZIP DAVIE FL 33328		
TITLE S NAME TROHA, MARY <input checked="" type="checkbox"/> Delete STREET ADDRESS 2679 ARBORWOOD COURT CITY-ST-ZIP DAVIE FL 33328			TITLE T NAME Joseph Korzybski <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 9264 ARBORWOOD CK CITY-ST-ZIP DAVIE, FL 33328		
TITLE T NAME FINK, CINDY <input checked="" type="checkbox"/> Delete STREET ADDRESS 2679 ARBORWOOD COURT CITY-ST-ZIP DAVIE FL 33328			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME CURTIS, DORIS <input checked="" type="checkbox"/> Delete STREET ADDRESS 2704 PINWOOD CT CITY-ST-ZIP DAVIE FL 33328			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP NAME KNOPPEL, FRED <input checked="" type="checkbox"/> Delete STREET ADDRESS PINWOOD CT CITY-ST-ZIP DAVIE FL 33328			<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 3-4-04 Daytime Phone #		