FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS N9500000189 (9) DOCUMENT #
1. Corporation Name

FOREST RIDGE VILLAGE PROPERTY OWNERS ASSOCIATION , INC.

Principal Place of Business

Mailing Address



2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442		2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442					
					3. Date Incorporated or Qualified 01/12/1995	3a. Date of	Last Report
2. Principal Pla	ice of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEt Number	~ ~	Applied For
21		26			59-328 75		Not Applicabl
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	B.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Z ₁ p	Country 25	Zip 29	30 Cou	ntry	This corporation has liability for in Florida Statutes	ntangible tax un 🗋 Yes 🌃 No	der s. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Ager	ıt
2450 N.	RIC X D . CITRUS HILLS BLVD. NDO FL 34442			81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	······································
		_ [84 City		FL B	Zip Code
11. Pursuant te or registere familiar wit	o the provisions of Sections 617,0502 ed agent, or both, in the State of Florid th, and accept the obligations of Secti	and 6 7.1508, Fiorida Sta h. Siloh change was autho in 6 7 0503, Fiorida Statu	tutes, the aborized by the oten	ove-named corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changin pintment as regis	g its registered offi stered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a	nd tite if applicable.	INOTE: Registered	Agent signature require	ed when reinstating)	DATE	<u> </u>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIF	ECTORS IN 12
1/JLE	D	DELETE	1.1 TI	TLE		□ CI	ange 🔲 Addition
NAME .	TAMPOSI, STEPHEN A		1.2 N	AME			
STREET ADDRESS	2450 N. CITRUS HILLS BLVD.		1.3 S	TREET ADDRESS			
CITY-ST-ZIP	HERNANDO FL 34442		14 C	ITY-ST-ZIP			
TITLE	D	DELETE	21 T	ITLE		□ ci	nange 🔲 Addition
NAME	PASTOR, JOHN E		22 N	AME			
STREET ADDRESS	2450 N. CITRUS HILLS BLVD.		2.3 \$	TREET ADDRESS			
CITY - ST - ZIP	HERNANDO FL 34442			CITY-ST-ZIP			
TITLE	D	DELETE	3.1 T				nange 🔲 Addition
NAME	BAZEMORE, LISA	—	32 N	AME			
STREET ADDRESS	2450 N. CITRUS HILLS BLVD.		3.3 S	TREET ADDRESS			
CiTY-ST-ZiP	HERNANDO FL 34442		34.0	CITY-ST-ZIP			
TITLE	112/1////	DELETE	4.1 T			c	nange Addition
NAME			4 21	NAME			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP			440	ITY-ST-ZIP			
TITLE		DELETE	5.1 (hange Addition
NAME		_	5.2 N	ļ			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP			Ŀ	CITY-ST-ZIP			
TITLE		DELETE	61 7			□c	nange 🔲 Addition
NAME		<u> </u>	621				· -
}				TREET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	by certify that the information supplied y	vith this filing is voluntarily		i does not qualify	for the exemption stated in Section 119	.07(3)(k), 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER ON DIRECTOR

Destroy Phone * 2/1/96 904-746-6131