

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90196 028 \*\*\*\*61.25

**DOCUMENT # N95000000189**

1. Entity Name

**FOREST RIDGE VILLAGE PROPERTY OWNERS ASSOCIATION**

Principal Place of Business

Mailing Address

2450 N. CITRUS HILLS BLVD.  
 HERNANDO FL 34442

2450 N. CITRUS HILLS BLVD.  
 HERNANDO FL 34442-5348

00020023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2476 N. ESSEX AVE**

3. Mailing Address

**2476 N. ESSEX AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HERNANDO FL**

City & State

**HERNANDO FL**

4. FEI Number

**59-3287582**

Applied For

Not Applicable

Zip

**34442**

Country

Zip

**34442**

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABEL, ERIC D**  
**2476 N ESSEX AVE**  
**HERNANDO FL 34442**

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.

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD**  
 STREET ADDRESS **TAMPOSI, STEPHEN A**  
 CITY-ST-ZIP **2476 N. ESSEX AVE**  
**HERNANDO FL 34442**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD**  
 STREET ADDRESS **PASTOR, JOHN E.**  
 CITY-ST-ZIP **2476 N. ESSEX AVE**  
**HERNANDO FL 34442**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
 STREET ADDRESS **BAZEMORE, LISA**  
 CITY-ST-ZIP **2476 N. ESSEX AVE**  
**HERNANDO FL 34442**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **STEVE ANTONOFF**  
 CITY-ST-ZIP **2476 N. ESSEX AVE.**  
**HERNANDO, FL 34442**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **ROBERT WHITE**  
 CITY-ST-ZIP **2476 N. ESSEX AVE**  
**HERNANDO FL 34442**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **CHARLES HOLBROOK**  
 CITY-ST-ZIP **2476 N. ESSEX AVE.**  
**HERNANDO FL 34442**

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: Lisa M. Bazemore **LISA M. BAZEMORE** 1/10/00 352-746-6060  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)