

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90064 047 ****61.25

DOCUMENT # N95000000189

1. Entity Name

FOREST RIDGE VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**JOSEPH & COMPANY, CPA, INC.
 2424 N. ESSEX AVENUE
 HERNANDO, FL 34442**

Mailing Address

**JOSEPH & COMPANY, CPA, INC.
 2424 N. ESSEX AVENUE
 HERNANDO FL 34442**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3287582**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COX, ALVAH L JR., CPA
 JOSEPH & COMPANY, CPA, INC.
 2424 N. ESSEX AVENUE
 HERNANDO FL 34442**

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROWAN, JOHN	
STREET ADDRESS	2424 N ESSEX AV	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HELF, EARL	
STREET ADDRESS	2424 N ESSEX AV	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOWKER, NATALIE	
STREET ADDRESS	2424 N ESSEX AV	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KIEALY, MAUREEN	
STREET ADDRESS	2424 N ESSEX AV	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEX, OTTO	
STREET ADDRESS	2424 N ESSEX AV	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLBROOK, CHARLES	
STREET ADDRESS	2476 N ESSEX AVE	
CITY-ST-ZIP	HERNANDO FL 34442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02
 Date

Daytime Phone #

CR2E037 (9/01)