


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90085 014 ****61.25

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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.
2450 N CITRUS HILLS BLVD
HERNANDO, FL 34442

94029387



2. Principal Place of Business
2450 N. Citrus Hills Blvd

3. Mailing Address
 Suite, Apt. #, etc.

02252004 Chg-NP CR2E037 (10/03)

City & State
Hernando, FL

4. FEI Number
59-3287582

Applied For
 Not Applicable

Zip
34442

Country

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

6. Name and Address of Current Registered Agent
TRINGALI, MICHAEL J
JOSEPH & COMPANY, CPA, INC.
2450 N CITRUS HILLS BLVD
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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROWAN, JOHN 2450 N CITRUS HILLS BLVD HERNANDO, FL 34442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HELF, EARL 2450 N CITRUS HILLS BLVD HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWKER, NATALIE 2450 N CITRUS HILLS BLVD HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIEALY, MAUREEN 2450 N CITRUS HILLS BLVD HERNANDO, FL 34442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEX, OTTO 2450 N CITRUS HILLS BLVD HERNANDO, FL 34442 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE, ROBERT 2450 N. CITRUS HILLS BLVD. HERNANDO, FL 34442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WESCH, CAROL 2450 N. CITRUS HILLS BLVD. HERNANDO, FL 34442 <input checked="" type="checkbox"/> Change <input 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	VPD MENDES, ALICE 2450 N. CITRUS HILLS BLVD. HERNANDO, FL 34442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Maureen Kiealy Date: 3-7-04 (352) 746-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

MAUREEN KIEALY