


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90153 033 ****61.25

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DOCUMENT # N9500000189					
1. Entity Name FOREST RIDGE VILLAGE PROPERTY OWNERS ASSOCIATION, INC.		Principal Place of Business 2450 N. CITRUS HILLS BLVD HERNANDO, FL 34442			
Mailing Address JOSEPH & COMPANY, CPA, INC. 2450 N CITRUS HILLS BLVD HERNANDO, FL 34442		2. Principal Place of Business 9770 E Pebble Creek Ct Suite, Apt. #, etc.			
3. Mailing Address 9770 E Pebble Creek Ct Suite, Apt. #, etc.		04262005 Chg-NP CR2E037 (10/03)			
City & State Inverness FL		City & State Inverness FL			
4. FEI Number 59-3287582		Applied For Not Applicable			
Zip 34450		Country			
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Cabana & Co Inc Street Address (P.O. Box Number is Not Acceptable) 9770 E Pebble Creek Ct City Inverness FL Zip Code 34450			
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 Michelle Mainlow		SIGNATURE Michelle Mainlow			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when registering) DATE 4/26/05			
Filing Fee is \$61.25 Due by May 1, 2005		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 PD	NAME ROWAN, JOHN	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME KIEALY, MAUREEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2450 N CITRUS HILLS BLVD		STREET ADDRESS	9770 E. PEARLE CREEK COURT	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE VPD	NAME WHITE, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME WHITE, ROBERT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2450 N CITRUS HILLS BLVD		STREET ADDRESS	9770 E. PEARLE CREEK COURT	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE SD	NAME WESCH, CAROL	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME WESCH, CAROL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2450 N CITRUS HILLS BLVD		STREET ADDRESS	9770 E. PEARLE COURT	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE TD	NAME KIEALY, MAUREEN	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME LYONS, JOHN J.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2450 N CITRUS HILLS BLVD		STREET ADDRESS	9770 E. PEARLE COURT	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE VPD	NAME MENDES, ALICE	<input checked="" type="checkbox"/> Delete	TITLE CSD	NAME MENDES, ALICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2450 N CITRUS HILLS BLVD		STREET ADDRESS	9770 E. PEARLE COURT	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Maureen Kiealy President		Date 4-27-05		(352) 527-915	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	