



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90034 050 ****61.25

DOCUMENT # N95000000189					
1. Entity Name FOREST RIDGE VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2541 N RESTON TERR HERNANDO, FL 34442		Mailing Address 2541 N RESTON TERR HERNANDO, FL 34442			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		02282007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3287582	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CABANA & CO., INC. 2541 N RESTON TERR HERNANDO, FL 34442				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State: 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: <i>Maureen Kiealy</i> Cabana & Co Inc				DATE: 3/29/07	
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, 2007		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	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEALY, MAUREEN		NAME		
STREET ADDRESS	9770 E PEARLE CREEK COURT		STREET ADDRESS	784 W Cockatell Loop	
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP	Hernando Fl 34442	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ROBERT		NAME		
STREET ADDRESS	9770 E PEARLE CREEK COURT		STREET ADDRESS	867 W Sunbird Path	
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP	Hernando Fl 34442	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESCH, CAROL		NAME		
STREET ADDRESS	9770 E PEARLE CREEK COURT		STREET ADDRESS	871 W Cockatell Loop	
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP	Hernando Fl 34442	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYONS, JOHN J		NAME		
STREET ADDRESS	9770 E PEARLE CREEK COURT		STREET ADDRESS	Gina Buler	
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP	856 W Cockatell Loop	
TITLE	CSD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MANNING		NAME		
STREET ADDRESS	709 W TOUCAN LOOP		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
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 exemptions contained in Chapter 119, 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: <i>Maureen Kiealy, President</i>				Date: 3/30/07 (352) 527-8615	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	