

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2008
Secretary of State**

DOCUMENT# N95000000189

Entity Name: FOREST RIDGE VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2541 N RESTON TERR
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

2541 N RESTON TERR
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 59-3287582 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CABANA & CO., INC.
2541 N RESTON TERR
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIEALY, MAUREEN
Address: 784 W CACKATIEL LOOP
City-St-Zip: HERNANDO, FL 34442

Title: VPD () Delete
Name: WHITE, ROBERT
Address: 867 W SUNBIRD PATL
City-St-Zip: HERNANDO, FL 34442

Title: TD () Delete
Name: WESCH, CAROL
Address: 871 W COCKATIEL LOOP
City-St-Zip: HERNANDO, FL 34442

Title: VPD () Delete
Name: BULEN, GINA
Address: 856 W COCKATIEL LOOP
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GREGORIOUS, ANNE
Address: 642 W DIAMONBIRD LOOP
City-St-Zip: HERNANDO, FL 34442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN KIEALY

P

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date