2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500000189

1. Entity Name

FOREST RIDGE VILLAGE PROPERTY OWNERS ASSOCIATION , INC.



Principal Place of Business

HERNANDO FL 34442

JOSEPH & COMPANY, CPA, INC. 2424 N. ESSEX AVENUE Mailing Address

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

2. Principal Place of Business Joseph & Company CPA's 3. Mailing Address 2450 N. Citrus			s Hills Rl	vd	1, 1887 1818 1818 1818 1819 1819 1819 1819 1819 1819 1819 1819 1819 1819 1819 1819			
Suite, Apt. #, etc. Inc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
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City & State		City & State			4. FEI Number 59-3287582 Applied For			
Hernando, FL 34442		Hernando, FL 34442			Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional				
34442	Citrus 6. Name and Address of Current R	34442 Citru			Fee Required			
	Name	7. Name and Address of New Registered Agent						
007 411		Alvah L. Cox.Jr. CPA						
	VAH L JR.,CPA	•	Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
	& COMPANY, CPA, INC. ESSEX AVENUE		24.	50 N. (: Citrus Hills Blvd			
HERNANDO FL 34442			City He	Hernando,		FL	Zip3Qp4q2	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or i	registered a	gent, or both, in	the State of Florida. I am fan	l niliar with.	and accept
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 .	was L	u.V						
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	: Registered Agent signatur	re required when	reinstating)	DATE		
						,		
ı	FILE NOW: FEE IS \$61.25	/ I	paign Financing		\$5.00 May Be Make Check Payable to			
•		Trust Fund Co	ontribution. L	Add	led to Fees	Florida Department of State		
40	OFFICERS AND DIG	-07080	T-4	ADDI	TONG GUANG	ES TO OFFICERS AND DIRE	CTODS IN	10
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NAME	BOWKER, NATALIE	****	NAME		x, Otto	X	X	
STREET ADDRESS	2424 N ESSEX AV		STREET ADDRESS			trus Hills BLvd	•	ļ
CITY-ST-ZIP	HERNANDÖ FL 34442		CITY-ST-ZIP	Нє	ernando,	FL 34442		I

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.

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1-15-03 (352) 746-1400

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Wesch, Carol 2450 N. Citrus Hills Blvd

Hernando, FL 34442

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Secretary of State

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A LANGUAR DIN BRIAN MILES ANDER ANDER ANDER ANDER ANDER MAIRE APPARE CRASS CORRESPONDENCE

Jan 21, 2003 8:00 am

CR2E037 (10/02)