


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000000782**

1. Entity Name  
 FOREST RIDGE SHORES AT FOUNTAIN LAKES  
 NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business 22201 FOUNTAIN LAKES BLVD. SUITE 1 ESTERO, FL 33928	Mailing Address 22201 FOUNTAIN LAKES BLVD. SUITE 1 ESTERO, FL 33928
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01122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-4278641	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

CATRELL, JERRY D  
 222001 FOUNTAIN LAKES BLVD.  
 SUITE 1  
 ESTERO, FL 33928

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICRISTFALO, VINCENT 22830 SNAPTAIL COURT ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PULS, RICHARD 3811 SPRINGSIDE DR. ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLETT, RICHARD 3750 SPRINGSIDE DR. ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WASLH, INGRID 3831 SPRINGSIDE DR. ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400000224341  
 02/10/05-80082-008 61.25

**DO NOT WRITE IN THIS SPACE**

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: Richard C. Puls Richard C. Puls 2/7/05 239-435-4104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #