FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:15

DOCUMENT # N39441 (3)

1. Corporation Name
FOREST RIDGE AT MEADOW WOODS HOMEOWNERS' ASSOCIA TION, INC.

Principal Place of Business: ~~2533 BOGGY CREEK RD~~ ~~KISSIMMEE FL 34744-3806~~

Mailing Address: ~~2533 BOGGY CREEK RD~~ KISSIMMEE FL 34744-3806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2754796 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Florida Management	26 Forest Ridge HOA
Suite, Apt. #, etc. 22 918 Bradshaw Ter	Suite, Apt. #, etc. 27 P.O. Box 73
City & State 23 Orlando, Fl	City & State 28 Orlando, Fl
Zip 24 32806 Country 25 Orange	Zip 29 32802 Country 30 Orange

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MORHOUSE, SHERIE L.~~
~~FL MGMT SERVICES~~
~~431 E. CENTRAL BLVD. STE 220~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent

81 Name: Neil J. Bailey
82 Street Address (P.O. Box Number is Not Acceptable): 918 Bradshaw Ter
83
84 City: Orlando FL 85 Zip Code: 32806

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] Neil Bailey 1-26-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	~~GLADFELTER, FOREST~~	1.2 NAME	David Dydo	
STREET ADDRESS	~~1530 GOLDEN POPPY CT~~	1.3 STREET ADDRESS	1636 Wood Violet Dr	
CITY-ST-ZIP	~~ORLANDO FL 32834~~	1.4 CITY-ST-ZIP	Orlando, Fl 32824	
TITLE	DV	2.1 TITLE	PV	☑ Change ☐ Addition
NAME	~~DYDO, SUSAN~~	2.2 NAME	Wilfred Morin	
STREET ADDRESS	~~1636 WOOD VIOLET DR.~~	2.3 STREET ADDRESS	14940 Wildwood Lilly Court	
CITY-ST-ZIP	~~ORLANDO FL 32824~~	2.4 CITY-ST-ZIP	Orlando, Fl 32824	
TITLE	STD	3.1 TITLE	DST	☑ Change ☐ Addition
NAME	~~DUFFY, JAMES~~	3.2 NAME	Louise Eppinger	
STREET ADDRESS	~~FOREST RIDGE HOA 14903 PRAIRIE ROSE~~	3.3 STREET ADDRESS	1412 Wood Violet Drive	
CITY-ST-ZIP	~~ORLANDO FL 32824~~	3.4 CITY-ST-ZIP	Orlando, Fl 32824	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] Wilfred Morin D 1/24/95 270-1240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000080