

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39441 (3)

1. Corporation Name

FOREST RIDGE AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~FLORIDA MANAGEMENT~~
~~919 BRADSHAW TER.~~
~~ORLANDO FL 32806~~
~~US~~

~~FOREST RIDGE HOA~~
~~P.O. BOX 78~~
~~ORLANDO FL 32802~~
~~US~~



3. Date Incorporated or Qualified

07/26/1990

3a. Date of Last Report

02/06/1995

4. FEI Number

59-2754796

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 ANGELIA GORDON PROP MGMT

26 PROPERTY MGMT., INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4030 DIJON DRIVE

27 4030 DIJON DRIVE

City & State

City & State

23 ORLANDO FL

28 ORLANDO FL

Zip

Country

Zip

Country

24 32808

25 ORANGE

29 32808

30 ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BAILEY, NEIL J.~~

~~919 BRADSHAW TER.~~

~~431 E. CENTRAL BLVD. STE 220~~

~~ORLANDO FL 32806~~

81 Name
CHRISTOPHER KOBACK, AGENT

82 Street Address (P.O. Box Number is Not Acceptable)

83 40 ANGELIA GORDON PROP MGMT., INC.

84 4030 DIJON DRIVE

85 City
ORLANDO

FL

86 Zip Code
32808

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Christopher Koback, Agent

4/28/96

(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 ☐ DELETE

NAME PD
DYDO, DAVID
STREET ADDRESS 1636 WOODVIOLET DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME DST
EPPINGER, LOUISE
STREET ADDRESS 1412 WOOD VIOLET DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME DV
MORIN, WILFRED
STREET ADDRESS 14940 WILDWOOD LILLY COURT
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D
DYDO, SUSAN
4.3 STREET ADDRESS 1636 WOOD VIOLET DRIVE
4.4 CITY-ST-ZIP ORLANDO FL 32824

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D
GRAHAM, STEVE
5.3 STREET ADDRESS 14913 WHITE MAGNOLIA
5.4 CITY-ST-ZIP ORLANDO, FL 32824

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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

Louise E. Eppinger, Secretary

Date

4/30/96

Daytime Phone #

CR2E037 (12/95)