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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25831

1. Corporation Name

FOREST RIDGE MASTER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% WALTER C. COLLINS
312 S.E. 17TH ST. SUITE 300
FT. LAUDERDALE FL 33316

Mailing Address

GOLDMAN JUDA. P.A.
7771 W OAKLAND PK #201
FT. LAUDERDALE FL 33351
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 COLLINS, WALTER C.
312 SE 17TH ST SUITE 300
FT. LAUDERDALE FL 33316

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/08/1988

4. FEI Number

65-0109261

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COLLINS, WALTER C.
STREET ADDRESS 312 S.E. 17TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE D
NAME CANTRELL, WILLIAM
STREET ADDRESS 312 S.E. 17TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE D
NAME ADAMS, PHIL
STREET ADDRESS 312 S.E. 17TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: WALTER C. COLLINS 1-8-99 954-527-0880

CR2E037 (1/98)