



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90051 035 ****61.25

DOCUMENT # N25831 1. Entity Name FOREST RIDGE MASTER HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2950 N 28 TERR. HOLLYWOOD, FL 33020 US				Mailing Address 2950 N 28 TERR. HOLLYWOOD FL 33020 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0109261 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent TRIPP SCOTT CONKLIN & SMITH 110 SE 6 STREET FORT LAUDERDALE FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE Sec NAME ZACKERLY, CAROLYN <input type="checkbox"/> Delete STREET ADDRESS 9451 OAK GROOVE CIR CITY-ST-ZIP DAVIE FL 33328			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME VP <input type="checkbox"/> Delete STREET ADDRESS GASS, MICHAEL CITY-ST-ZIP 2916 OAK PARK CIRCLE DAVIE FL 33328			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME D <input checked="" type="checkbox"/> Delete STREET ADDRESS JONAS, CHUCK CITY-ST-ZIP 9370 ARBORWOOD CIRCLE DAVIE FL 33328			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME P <input type="checkbox"/> Delete STREET ADDRESS BOSSLE, DUNCAN CITY-ST-ZIP 2830 OLD ORCHARD RD. DAVIE FL 33328			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME D <input checked="" type="checkbox"/> Delete STREET ADDRESS APPLEGROVE, TERRY CITY-ST-ZIP 2663 E. LAKE PARK CIR. DAVIE FL 33328			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME Suzanne W. Turk <input type="checkbox"/> Delete STREET ADDRESS 2805 TREE TOPS CIRCLE CITY-ST-ZIP DAVIE FL 33328			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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: <u><i>[Signature]</i></u> 2/9/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					