2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# N39441

Entity Name: FOREST RIDGE AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1809 WOOD VIOLET DR
ORLANDO, FL 32824 US

New Principal Place of Business:

Current Mailing Address:

1970 E OSCEOLA PKWY
STE 320
KISSIMMEE, FL 34743 US

New Mailing Address:

FEI Number: 59-2754796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CELLI, DAWN
1809 WOOD VIOLET DR
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANSLEY, TONY
Address: 1805 WOOD VIOLET DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: TD ( ) Delete
Name: OROURKE, LORETTA
Address: 14927 PRAIRIE ROSA CT
City-St-Zip: ORLANDO, FL 32824 US

Title: VD ( ) Delete
Name: GABRIEL, KELVIN
Address: 1808 WOOD VIOLET DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: SD ( ) Delete
Name: CELLI, DAWN
Address: 1809 WOOD VIOLET DRIVE
City-St-Zip: ORLANDO, FL 32824 US

Title: D ( ) Delete
Name: BELL, JAMES
Address: 1719 WOOD VIOLET DR.
City-St-Zip: ORLANDO, FL 32824 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANSLEY, TONY
Address: 1809 WOOD VIOLET DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: TD (X) Change ( ) Addition
Name: OROURKE, LORETTA
Address: 14927 PRAIRIE ROSE CT
City-St-Zip: ORLANDO, FL 32824 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GERMAINE, ALLISON
Address: 1805 WOOD VIOLET DR.
City-St-Zip: ORLANDO, FL 32824 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN M. CELLI SD 05/04/2006
Electronic Signature of Signing Officer or Director Date