

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90024 045 ****70.00

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**



01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0109261

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIPP SCOTT CONKLIN & SMITH
110 SE 6 STREET
FORT LAUDERDALE, FL 33301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **S** ☐ Delete
NAME **ZARKOSKY, CAROLYN**
STREET ADDRESS **9451 OAK GROOVE CIR**
CITY - ST - ZIP **DAVIE, FL 33328**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VP** ☐ Delete
NAME **LEVINSOHN, SUSAN**
STREET ADDRESS **2761 WIABIARA CIR**
CITY - ST - ZIP **DAVIE, FL 33328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☒ Delete
NAME **KELLIS, GLENN**
STREET ADDRESS **9231 ARBORWOOD CIR**
CITY - ST - ZIP **DAVIE, FL 33328**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **JAY WILSON**
STREET ADDRESS **2763 W ORCHARD**
CITY - ST - ZIP **DAVIE FL 33328**

TITLE **P** ☐ Delete
NAME **BOSSLE, DUNCAN**
STREET ADDRESS **2830 OLD ORCHARD RD.**
CITY - ST - ZIP **DAVIE, FL 33328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☒ Delete
NAME **DOLAN, ANITA**
STREET ADDRESS **9172 LAKE PARK CIRCLE**
CITY - ST - ZIP **DAVIE, FL 33328**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **TOM BARDASH**
STREET ADDRESS **4812 LAKE PARK CIRCLE**
CITY - ST - ZIP **DAVIE, FL 33328**

TITLE **D** ☒ Delete
NAME **FOLEY, JOE**
STREET ADDRESS **9228 MAGNOLIA CT**
CITY - ST - ZIP **FORT LAUDERDALE, FL 33328**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **ROBERT LAPADULA**
STREET ADDRESS **2996 MYRTLE OAKS CIRCLE**
CITY - ST - ZIP **DAVIE FL 33328**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Joe Bossle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

Date

Daytime Phone #