

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90054 032 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N25831</b> 1. Entity Name <b>FOREST RIDGE MASTER HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2950 N 28 TERR. HOLLYWOOD, FL 33020 US</b>			Mailing Address <b>2950 N 28 TERR. HOLLYWOOD, FL 33020 US</b>		
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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TRIPP SCOTT CONKLIN &amp; SMITH 110 SE 6 STREET FORT LAUDERDALE, FL 33301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARKOSKY, CAROLYN		NAME	Marshal Lee Gilreath	
STREET ADDRESS	9451 OAK GROOVE CIR		STREET ADDRESS	9208 Magnolia Ct.	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	Davie, FL 33328	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSOHN, SUSAN		NAME	Valerie Armagno	
STREET ADDRESS	2761 WIABIARA CIR		STREET ADDRESS	9482 Oak Grove Circle	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JAY		NAME	Martha Merenhansen	
STREET ADDRESS	2763 W. ORCHARD		STREET ADDRESS	3100 Hidden Hollow Lane	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSSLE, DUNCAN		NAME		
STREET ADDRESS	2830 OLD ORCHARD RD.		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARDASH, TOM		NAME	Ben Miraglia	
STREET ADDRESS	9812 LAKE PARK CR.		STREET ADDRESS	4145 Lake Park Circle	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPADULA, ROBERT		NAME		
STREET ADDRESS	2996 MYRTLE OAKS CR.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328		CITY-ST-ZIP		
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: <i>Valerie S. Armagno</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
DATE: 04/03/08			DATE: 04/03/08		
TELEPHONE: 954-817-8632			TELEPHONE: 954-817-8632		