


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90109 029 \*\*\*\*61.25

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # N39441</b><br>1. Entity Name<br><b>FOREST RIDGE AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.</b>  |   |   |   |
| Principal Place of Business<br><b>C/O HARA MANAGEMENT INC.</b><br><b>118 N. WYMORE ROAD</b><br><b>WINTER PARK, FL 32789 US</b>   |   | Mailing Address<br><b>C/O HARA MANAGEMENT INC.</b><br><b>118 N. WYMORE ROAD</b><br><b>WINTER PARK, FL 32789 US</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>C/O HARA Management, Inc</b><br>Suite, Apt. #, etc.<br><b>931 S. SEMORAN Blvd #214</b><br>City & State<br><b>WINTER PARK FL</b><br>Zip<br><b>32792</b> Country<br><b>US</b>   |   | 3. Mailing Address<br><b>C/O HARA Management, Inc</b><br>Suite, Apt. #, etc.<br><b>931 S. SEMORAN Blvd #214</b><br>City & State<br><b>WINTER PARK FL</b><br>Zip<br><b>32792</b> Country<br><b>US</b>   |   |
| 4. FEI Number<br><b>59-2754796</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent<br><b>HARA, ROBERT</b><br><b>HARA MANAGEMENT INC</b><br><b>118 N. WYMORE RD</b><br><b>WINTER PARK, FL 32789</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>931 S. SEMORAN Blvd #214</b><br>City<br><b>WINTER PARK FL</b> Zip Code<br><b>32792</b> |   |
| 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 _____<br><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</b><br><b>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>  |   |
| <b>\$5.00 May Be Added to Fees</b>   |   | <b>Make check payable to Florida Department of State</b>   |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>GRAHAM, SHIRLEY<br>1510 WOOD VIOLET DR<br>ORLANDO, FL 32824 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>GUMTRE, MATT<br>1612 GOLDEN POPPY COURT<br>ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>Pablo Marquez<br>14918 Prairie Rose<br>Orlando FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GERMAINE, ALLISON<br>1805 WOOD VIOLET DR.<br>ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>Allison Trafford<br>1805 Wood Violet Dr.<br>Orlando FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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. |   |  |   |
| <b>SIGNATURE:</b> <u>Allison Trafford</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <u>4/7/08</u><br><small>Date</small>   |   |
| <small>Daytime Phone #</small>   |   |  |   |