

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39441

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1970 E. OSCEOLA PARKWAY  
#340  
KISSIMMEE, FL 34743 US

**New Principal Place of Business:**

14918 PRAIRIE ROSE CT.  
ORLANDO, FL 32824 US

**Current Mailing Address:**

1970 E. OSCEOLA PARKWAY  
#340  
KISSIMMEE, FL 34743 US

**New Mailing Address:**

PO BOX 450145  
KISSIMMEE, FL 34745 US

**FEI Number:** 59-2754796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MARQUEZ, PABLO  
14918 PRAIRIE ROSE COURT  
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  
Name: MARQUEZ, PABLO  
Address: 14918 PRAIRIE ROSE CT  
City-St-Zip: ORLANDO, FL 32824 US

Title: SEC  
Name: GRAHAM, SHIRLEY  
Address: 1510 WOOD VIOLET DRIVE  
City-St-Zip: ORLANDO, FL 32824 US

Title: VPD  
Name: ROMAN, FEDERICO  
Address: 14911 PRAIRIE ROSE CT  
City-St-Zip: ORLANDO, FL 32824

I hereby 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 all other like empowered.

SIGNATURE: PABLO MARQUEZ

PD

02/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date