


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90600 019 ****70.00

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>N39441</i>			
1. Entity Name <i>Forest Ridge at Meadow Woods Homeowner's Association, Inc.</i>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <i>1809 Wood Violet Drive</i>		3. Mailing Address <i>1970 E. Osceola Parkway</i>	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. <i>Suite # 320</i>	
City & State <i>Orlando, Florida</i>		City & State <i>Kissimmee, Florida</i>	
Zip <i>32824</i>		Zip <i>34743</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number <i>592754796</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name <i>Dawn M. Celli</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>1809 Wood Violet Drive</i>			
City <i>Orlando</i> FL Zip Code <i>32824</i>			
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 <i>Dawn M. Celli, Secretary</i> <i>Dawn M. Celli</i> <i>1-16-03</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>P/D Tony Ansley 1809 Wood Violet Drive Orlando, FL 32824</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>T/D Loretta O'Rourke 14927 Prairie Rose Court Orlando, FL 32824</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>V/D Gerald Shilale 1734 Wood Violet Drive Orlando, FL 32824</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>S/D Dawn Celli 1809 Wood Violet Drive Orlando, FL 32824</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>D Gerard O'Rourke 14927 Prairie Rose Court Orlando, FL 32824</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Dawn M. Celli</i> <i>Dawn M. Celli Secretary</i> <i>1-14-03</i> <i>407 888-3428</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E037B (12/02)