

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766056

**Entity Name:** FOREST RIDGE VILLAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5440 FIRST COAST HIGHWAY  
AMELIA ISLAND, FL 32034-2347**Current Mailing Address:**C/O AMELIA ISLAND MANAGEMENT  
5440 FIRST COAST HIGHWAY  
AMELIA ISLAND, FL 32034 US**FEI Number:** 59-2552425**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAMBIASE, NICHOLAS JR.  
5440 FIRST COAST HIGHWAY  
AMELIA ISLAND, FL 32034-2347 US*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:** NICHOLAS LAMBIASE JR

02/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name EDMONDSON, PATRICIA  
Address C/O AMELIA ISLAND MANAGEMENT  
5440 FIRST COAST HIGHWAY  
City-State-Zip: AMELIA ISLAND FL 32034

Title D  
Name WILSON, LORI  
Address C/O AMELIA ISLAND MANAGEMENT  
5440 FIRST COAST HIGHWAY  
City-State-Zip: AMELIA ISLAND FL 32034

Title SD  
Name TOMLINSON, JO ANNE  
Address C/O AMELIA ISLAND MANAGEMENT  
5440 FIRST COAST HIGHWAY  
City-State-Zip: AMELIA ISLAND FL 32034

Title PD  
Name KOLICH, ROBERT  
Address C/O AMELIA ISLAND MANAGEMENT  
5440 FIRST COAST HIGHWAY  
City-State-Zip: AMELIA ISLAND FL 32034

Title VPD  
Name REESE, JAMES  
Address C/O AMELIA ISLAND MANAGEMENT  
5440 FIRST COAST HIGHWAY  
City-State-Zip: AMELIA ISLAND FL 32034

Title D  
Name GRAHAM, HOLLY  
Address C/O AMELIA ISLAND MANAGEMENT  
5440 FIRST COAST HIGHWAY  
City-State-Zip: AMELIA ISLAND FL 32034

Title D  
Name LENSNER, GORDON DON  
Address C/O AMELIA ISLAND MANAGEMENT  
5440 FIRST COAST HIGHWAY  
City-State-Zip: AMELIA ISLAND FL 32034

*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:** ROBERT KOLICH

P

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date