SIGNATURE: NICHOLAS LAMBIASE, JR.				02/03/2015
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PD	Title	TD	
Name	DILL, DAVID	Name	DOSH, KRISTI	
Address	7400 BAYMEADOWS WAY SUITE 317	Address	7400 BAYMEADOWS WAY SUITE 317	
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256	
Title	D	Title	SD	
Name	GUTHRIE, GERRY	Name	VANDELINDER, JANE	
Address	7400 BAYMEADOWS WAY SUITE 317	Address	7400 BAYMEADOWS WAY SUITE 317	
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256	
Title	VPD	Title	D	
Name	HOLCOMB, VON	Name	REESE, JAMES	
Address	7400 BAYMEADOWS WAY SUITE 317	Address	7400 BAYMEADOWS WAY SUITE 317	
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256	
Title	D			
Name	MASON, GENE			
Address	7400 BAYMEADOWS WAY SUITE 317			

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

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVILLE, INC.

7400 BAYMEADOWS WAY

FEI Number: 59-2552425

Entity Name: FOREST RIDGE VILLAGE CONDOMINIUM ASSOCIATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2680 FOREST RIDGE DRIVE FERNANDINA BCH., FL 32034-2347

Current Mailing Address:

DOCUMENT# 766056

SUITE 317 JACKSONVILLE, FL 32256 US

SIGNATURE: DAVID DILL

City-State-Zip: JACKSONVILLE FL 32256

above, or on an attachment with all other like empowered.

PRESIDENT

02/03/2015

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 03, 2015 Secretary of State CC4078403088

Certificate of Status Desired: No