

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766056

Entity Name: FOREST RIDGE VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 10, 2019
Secretary of State
2697525073CC

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

02/10/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title PD
Name KLONTZ, DAVID S
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 TD
Name KENNEDY, PATRICIA
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HIGHWAY
City-State-Zip: AMELIA ISLAND FL 32034

Title SD
Name HARDEMAN, JOSEPH
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: KLONTZ , DAVID S

P

02/10/2019

Electronic Signature of Signing Officer/Director Detail

Date