

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766056

FILED
Feb 02, 2024
Secretary of State
5942972527CC

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

02/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name LATUCH, LEEANNA
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 TEED, VIRGINIA
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HIGHWAY
City-State-Zip: AMELIA ISLAND FL 32034

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

Title D
Name MALS BARY, BRYCE A
Address 5440 FIRST COAST HIGHWAY
City-State-Zip: AMELIA ISLAND FL 32034-2347

Title D
Name REESE, ELIZABETH
Address 5440 FIRST COAST HIGHWAY
City-State-Zip: AMELIA ISLAND FL 32034-2347

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: KOLICH , ROBERT

P

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date