

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766056

**Entity Name:** FOREST RIDGE VILLAGE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 16, 2013**  
**Secretary of State**  
**CC7075350913**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

7400 BAYMEADOWS WAY  
SUITE 317  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-2552425

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVILLE, INC.  
COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVI  
7400 BAYMEADOWS WAY, SUITE317  
JACKSONVILLE, FL 32256 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.

01/16/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name DILL, DAVID  
Address 7400 BAYMEADOWS WAY  
SUITE 317  
City-State-Zip: JACKSONVILLE FL 32256

Title TD  
Name JAMES, GRIFFIN  
Address 7400 BAYMEADOWS WAY  
SUITE 317  
City-State-Zip: JACKSONVILLE FL 32256

Title D  
Name GUTHRIE, GERRY  
Address 7400 BAYMEADOWS WAY  
SUITE 317  
City-State-Zip: JACKSONVILLE FL 32256

Title SD  
Name VANDELINDER, JANE  
Address 7400 BAYMEADOWS WAY  
SUITE 317  
City-State-Zip: JACKSONVILLE FL 32256

Title VPD  
Name HOLCOMB, VON  
Address 7400 BAYMEADOWS WAY  
SUITE 317  
City-State-Zip: JACKSONVILLE FL 32256

Title D  
Name REESE, JAMES  
Address 7400 BAYMEADOWS WAY  
SUITE 317  
City-State-Zip: JACKSONVILLE FL 32256

Title D  
Name MASON, GENE  
Address 7400 BAYMEADOWS WAY  
SUITE 317  
City-State-Zip: JACKSONVILLE FL 32256

*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:** DAVID DILL

**PRESIDENT**

01/16/2013

Electronic Signature of Signing Officer/Director Detail

Date