

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002735

**Entity Name:** FOREST RIDGE TRAILS PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 03, 2024**  
**Secretary of State**  
**1538681904CC**

**Current Principal Place of Business:**

551 SE 112TH TERRACE  
WILLISTON, FL 32696

**Current Mailing Address:**

PO BOX 594  
WILLISTON, FL 32696 US

**FEI Number: 59-3641719**

**Certificate of Status Desired: Yes**

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

STANISLAWSKI, VICKI W  
551 SE 112TH TERRACE  
WILLISTON, FL 32696 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:** VICKI W STANISLAWSKI

03/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name STANISLAWSKI, VICKI  
Address 551 SE 112 TERR  
City-State-Zip: WILLISTON FL 32696

Title TD  
Name HUTCHINSON, LISA KIMBRELL  
Address 11670 SE 6TH ST  
City-State-Zip: WILLISTON FL 32696

Title VPD  
Name SHEPARD, ALISON  
Address 33 LAKESHORE DR  
City-State-Zip: PALM HARBOR FL 34684

Title VPD  
Name WILKINSON, CURTIS DR.  
Address 4800 SW 198TH TERRACE  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title SD  
Name KANAVY, VALERIE  
Address 10851 EAST LEVY ST  
City-State-Zip: WILLISTON FL 32696

*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:** LISA KIMBRELL HUTCHINSON

**TREASURER**

03/03/2024

Electronic Signature of Signing Officer/Director Detail

Date