

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N25831

**Entity Name:** FOREST RIDGE MASTER HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2950 N 28 TERRACE  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2950 N 28 TERRACE  
HOLLYWOOD, FL 33020 US

**FEI Number:** 65-0109261

**Certificate of Status Desired:** Yes

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

TRIPP SCOTT CONKLIN & SMITH  
110 SE 6 STREET  
FORT LAUDERDALE, FL 33301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LIEBERMAN, STUART  
Address        2801 E ORCHARD CIRCLE  
City-State-Zip: DAVIE FL 33328

Title           SECRETARY  
Name           GRANGER, LINDA  
Address        2952 MYRTLE OAK CIRCLE  
City-State-Zip: DAVIE FL 33329

Title           PRESIDENT  
Name           BOSSLE, DUNCAN  
Address        2830 OLD ORCHARD ROAD  
City-State-Zip: DAVIE FL 33328

Title           VP  
Name           KENO, DEBBI  
Address        3201 HIDDEN HOLLOW LANE  
City-State-Zip: DAVIE FL 33328

Title           DIRECTOR  
Name           RUBINOFF, JEFFREY  
Address        9142 S LAKE PARK CIRCLE  
City-State-Zip: DAVIE FL 33328

Title           DIRECTOR  
Name           FURLONG, HEATHER  
Address        9194 GREENBRIER  
City-State-Zip: DAVIE FL 33328

Title           DIRECTOR  
Name           INTROCASO, SANDRA  
Address        2761 W. ABIACA CIRCLE  
City-State-Zip: DAVIE FL 33328

Title           DIRECTOR  
Name           FALZONE-TARRANT, CONNIE  
Address        9263 ARBORWOOD CIRCL  
City-State-Zip: DAVIE FL 33328

*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:** DUNCAN BOSSLE

**PRESIDENT**

**02/21/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date