

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25831

FILED
Jan 30, 2018
Secretary of State
CC0286973440

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: No

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 DIRECTOR
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 TREASURER
Name CALNAN, WILLIAM
Address 9431 OAK GROVE CIR
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

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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

PRES

01/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WAGNER, CONNIE
Address 2645 ARBORWOOD RD
City-State-Zip: DAVIE FL 33328