

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25831

Entity Name: FOREST RIDGE MASTER HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 16, 2024
Secretary of State
0408354498CC

Current Principal Place of Business:

C/O FIRSTSERVICE RESIDENTIAL
2950 N 28 TERRACE
HOLLYWOOD, FL 33020

Current Mailing Address:

C/O FIRSTSERVICE RESIDENTIAL
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 PRESIDENT
Name AROCHA, CRYSTAL
Address C/O FIRSTSERVICE RESIDENTIAL
 2950 N 28 TERRACE
City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR
Name PARKER, FRAN
Address C/O FIRSTSERVICE RESIDENTIAL
 2950 N 28 TERRACE
City-State-Zip: HOLLYWOOD FL 33020

Title VP
Name KENO, DEBBI
Address C/O FIRSTSERVICE RESIDENTIAL
 2950 N 28 TERRACE
City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR
Name RUPP, ELIZABETH
Address C/O FIRSTSERVICE RESIDENTIAL
 2950 N 28 TERRACE
City-State-Zip: HOLLYWOOD FL 33020

Title SECRETARY
Name ENNIS, DAVID
Address C/O FIRSTSERVICE RESIDENTIAL
 2950 N 28 TERRACE
City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR
Name STARKEY, GERARD
Address C/O FIRSTSERVICE RESIDENTIAL
 2950 N 28 TERRACE
City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR
Name MURPHY, RICHARD
Address C/O FIRSTSERVICE RESIDENTIAL
 2950 N 28 TERRACE
City-State-Zip: HOLLYWOOD FL 33020

Title TREASURER
Name HUPPERT, DAVID
Address C/O FIRSTSERVICE RESIDENTIAL
 2950 N 28 TERRACE
City-State-Zip: HOLLYWOOD FL 33020

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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: CRYSTAL AROCHA

PRESIDENT

02/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VITTA, MATTHEW
Address C/O FIRSTSERVICE RESIDENTIAL
 2950 N 28 TERRACE
City-State-Zip: HOLLYWOOD FL 33020