

2017 FLORIDA NOT FOR PROFIT CORPORATION 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:** 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 :**

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

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

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|-----------------|-----------------------|
| Title | TREASURER |
| Name | GOLDSTEIN, MARK |
| Address | 9482 OAK GROVE CIRCLE |
| City-State-Zip: | DAVIE FL 33328 |

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|-----------------|------------------|
| Title | DIRECTOR |
| Name | ENNIS, DAVID |
| Address | 9198 MAGNOLIA CT |
| City-State-Zip: | DAVIE FL 33328 |

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

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

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

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|-----------------|-----------------------|
| 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**PRESIDENT****02/16/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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