#### 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25831

Entity Name: FOREST RIDGE MASTER HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 02, 2023
Secretary of State
6243317533CC

### **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:

Address

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

 Title
 PRESIDENT
 Title
 TREASURER

 Name
 BERG, AUDREE
 Name
 WILSON, LISA

Address C/O FIRSTSERVICE RESIDENTIAL Address C/O FIRSTSERVICE RESIDENTIAL

2950 N 28 TERRACE 2950 N 28 TERRACE

City-State-Zip: HOLLYWOOD FL 33020 City-State-Zip: HOLLYWOOD FL 33020

Title SECRETARY Title DIRECTOR
Name KENO, DEBBI Name TOMAN, PHIL

Address C/O FIRSTSERVICE RESIDENTIAL Address C/O FIRSTSERVICE RESIDENTIAL

2950 N 28 TERRACE 2950 N 28 TERRACE

City-State-Zip: HOLLYWOOD FL 33020 City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR Title DIRECTOR

Name FURLONG, HEATHER Name FALZONE-TARRANT, CONSTANCE

C/O FIRSTSERVICE RESIDENTIAL

Address

C/O FIRSTSERVICE RESIDENTIAL

2950 N 28 TERRACE 2950 N 28 TERRACE

City-State-Zip: HOLLYWOOD FL 33020 City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR Title DIRECTOR

Name MURPHY, RICHARD Name HUPPERT, DAVID

Address C/O FIRSTSERVICE RESIDENTIAL Address C/O FIRSTSERVICE RESIDENTIAL

2950 N 28 TERRACE 2950 N 28 TERRACE

City-State-Zip: HOLLYWOOD FL 33020 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: AUDREE BERG PRESIDENT 03/02/2023

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title VP

Name VITTA, MATTHEW

Address C/O FIRSTSERVICE RESIDENTIAL

2950 N 28 TERRACE

City-State-Zip: HOLLYWOOD FL 33020