

**2019 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 :**

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

Title TREASURER  
Name CALNAN, WILLIAM  
Address 9431 OAK GROVE CIR  
City-State-Zip: DAVIE FL 33328

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

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

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 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****01/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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