

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25831

Entity Name: FOREST RIDGE MASTER HOMEOWNERS ASSOCIATION, INC.**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	TREASURER
Name	LIEBERMAN, STUART
Address	2801 E ORCHARD CIRCLE
City-State-Zip:	DAVIE FL 33328
Title	DIRECTOR
Name	PERDUE, DONALD
Address	2845 MORNING GLORY 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	INTROCASO, SANDRA
Address	2761 W. ABIACA CIRCLE
City-State-Zip:	DAVIE FL 33328

Title	DIRECTOR
Name	BERG, AUDREE
Address	2972 TALL OAK CT
City-State-Zip:	DAVIE FL 33328
Title	VP
Name	KENO, DEBBI
Address	3201 HIDDEN HOLLOW LANE
City-State-Zip:	DAVIE FL 33328
Title	SECRETARY
Name	FURLONG, HEATHER
Address	9194 GREENBRIER COURT
City-State-Zip:	DAVIE FL 33328
Title	PRESIDENT
Name	FALZONE-TARRANT, CONSTANCE
Address	9263 ARBORWOOD 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: CONSTANCE FALZONE-TARRANT**PRESIDENT****04/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MURPHY, RICHARD
Address	9480 OAK GROVE CIRCLE
City-State-Zip:	DAVIE FL 33328