

**2021 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:** Yes**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           WILSON, LISA  
Address       9607 SUGAR PINES CT  
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       9187 MAGNOLIA CT  
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:** FALZONE-TARRANT , CONSTANCE**PRESIDENT****03/02/2021**

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