

2018 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

Continues on page 2

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**PRES****01/30/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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