

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25831

Entity Name: FOREST RIDGE MASTER HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 16, 2024
Secretary of State
0408354498CC**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	PRESIDENT
Name	AROCHA, CRYSTAL
Address	C/O FIRSTSERVICE RESIDENTIAL 2950 N 28 TERRACE
City-State-Zip:	HOLLYWOOD FL 33020

Title	DIRECTOR
Name	PARKER, FRAN
Address	C/O FIRSTSERVICE RESIDENTIAL 2950 N 28 TERRACE
City-State-Zip:	HOLLYWOOD FL 33020

Title	VP
Name	KENO, DEBBI
Address	C/O FIRSTSERVICE RESIDENTIAL 2950 N 28 TERRACE
City-State-Zip:	HOLLYWOOD FL 33020

Title	DIRECTOR
Name	RUPP, ELIZABETH
Address	C/O FIRSTSERVICE RESIDENTIAL 2950 N 28 TERRACE
City-State-Zip:	HOLLYWOOD FL 33020

Title	SECRETARY
Name	ENNIS, DAVID
Address	C/O FIRSTSERVICE RESIDENTIAL 2950 N 28 TERRACE
City-State-Zip:	HOLLYWOOD FL 33020

Title	DIRECTOR
Name	STARKEY, GERARD
Address	C/O FIRSTSERVICE RESIDENTIAL 2950 N 28 TERRACE
City-State-Zip:	HOLLYWOOD FL 33020

Title	DIRECTOR
Name	MURPHY, RICHARD
Address	C/O FIRSTSERVICE RESIDENTIAL 2950 N 28 TERRACE
City-State-Zip:	HOLLYWOOD FL 33020

Title	TREASURER
Name	HUPPERT, DAVID
Address	C/O FIRSTSERVICE RESIDENTIAL 2950 N 28 TERRACE
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: CRYSTAL AROCHA**PRESIDENT****02/16/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	VITTA, MATTHEW
Address	C/O FIRSTSERVICE RESIDENTIAL 2950 N 28 TERRACE
City-State-Zip:	HOLLYWOOD FL 33020