

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000782

**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC3163064249**

**Entity Name:** FOREST RIDGE SHORES AT FOUNTAIN LAKES  
NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PEGASUS PROPERTY MANAGEMENT  
3409 PELICAN LANDING PARKWAY#3  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

C/O PEGASUS PROPERTY MANAGEMENT  
3409 PELICAN LANDING PARKWAY#3  
BONITA SPRINGS, FL 34134 US

**FEI Number: 36-4278641**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CATLETT, SARA  
C/O PEGASUS PROPERTY MANAGEMENT  
3409 PELICAN LANDING PARKWAY#3  
BONITA SPRINGS, FL 34134 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: SARA CATLETT**

**03/16/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           HILDEBRAND, JANET  
Address        3409 PELICAN LANDING PARKWAY #3  
  
City-State-Zip: BONITA SPRINGS FL 34134

Title           VICE PRESIDENT, SECRETARY  
Name           SISKA, JOYCE  
Address        3409 PELICAN LANDING PARKWAY #3  
  
City-State-Zip: BONITA SPRINGS FL 34134

Title           TREASURER  
Name           MONTGOMERY, PAT  
Address        3409 PELICAN LANDING PARKWAY #3  
  
City-State-Zip: BONITA SPRINGS FL 34134

Title           DIRECTOR  
Name           GASPER, ELIZABETH  
Address        3409 PELICAN LANDING PARKWAY #3  
  
City-State-Zip: BONITA SPRINGS FL 34134

Title           DIRECTOR  
Name           CAMERON, WARREN  
Address        3409 PELICAN LANDING PARKWAY #3  
  
City-State-Zip: BONITA SPRINGS FL 34134

*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: JANET HILDEBRAND**

**PRESIDENT**

**03/16/2017**

Electronic Signature of Signing Officer/Director Detail

Date