## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N06000003091**

1. Entity Name

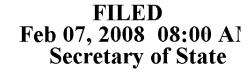
FOREST RIDGE/HENDERSON HEIGHTS NEIGHBORHOOD ASSOCIATION INC.

Principal Place of Business C/O 1935 N.W. 22ND ST.

GAINESVILLE, FL 32605-3981

Mailing Address

C/O 1935 N.W. 22ND ST. GAINESVILLE, FL 32605-3981





DO NOT WRITE IN THIS SPACE

02052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1294385

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEIDLER, PHILLIP **2025 NW 20TH LANE** GAINESVILLE, FL 32605

## DO NOT WRITE IN THIS SPACE

| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |  |   |                                |  |
|--|--|--|---|--------------------------------|--|
| SIGNATURE.   |  |  |   | required when remetating)      | DATE                                     |
|  | Filing Fee is \$61.25<br>Due by May 1, 2008                          | Election Campaign Financ<br>Trust Fund Contribution. | ing 🗆                                   | \$5.00 May Be<br>Added to Fees |  |
| 10.  | OFFICERS AND DIREC   | TORS   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>MELODY, MARSHALL<br>1935 NW 22ND ST<br>GAINESVILLE, FL 32605    |  |   |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>DEWITT, MONICA<br>2012 NW 21ST ST<br>GAINESVILLE, FL 32605      |  |   |                                | 000000819324<br>02/15/08-80079-005 61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | T<br>WEIDLER, PHILLIP<br>2025 NW 20TH LANE<br>GAINESVILLE, FL 32605  |  | DO NOT WRITE<br>IN THIS SPACE           |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | S<br>CASAGRANDE, JUANITA<br>1911 NW 22ND DR<br>GAINESVILLE, FL 32605 |  |   |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |   |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ,  |   |                                |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |                                |  |