

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

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**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**



02052008 No Chg-NP

CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>65-1294385</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

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

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | MELODY, MARSHALL      |
| STREET ADDRESS | 1935 NW 22ND ST       |
| CITY- ST- ZIP  | GAINESVILLE, FL 32605 |

|                |                       |
|----------------|-----------------------|
| TITLE          | V                     |
| NAME           | DEWITT, MONICA        |
| STREET ADDRESS | 2012 NW 21ST ST       |
| CITY- ST- ZIP  | GAINESVILLE, FL 32605 |

|                |                       |
|----------------|-----------------------|
| TITLE          | T                     |
| NAME           | WEIDLER, PHILLIP      |
| STREET ADDRESS | 2025 NW 20TH LANE     |
| CITY- ST- ZIP  | GAINESVILLE, FL 32605 |

|                |                       |
|----------------|-----------------------|
| TITLE          | S                     |
| NAME           | CASAGRANDE, JUANITA   |
| STREET ADDRESS | 1911 NW 22ND DR       |
| CITY- ST- ZIP  | GAINESVILLE, FL 32605 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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02/15/08-80079-005 61.25

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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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Melody J. Marshall* *Melody J. Marshall* *2/5/08* *(352) 376-7476*