2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# N32375

Entity Name: FOREST RIDGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2708 ALT. 19 NORTH
SUITE 603
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

2708 ALT. 19 NORTH
SUITE 603
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-3112512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PMS MANAGEMENT SERVICES, INC.
2708 ALT. 19 NORTH
SUITE 603
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	REITMEYER, BRIAN D	
Address:	304 WOOD IBIS AVE	
City-St-Zip:	TARPON SPRINGS, FL 33688 US	
Title:	VP	( ) Delete
Name:	LACHAR, ROBERT	
Address:	1840 WOOD BROOK STREET	
City-St-Zip:	TARPON SPRINGS, FL 33688 US	
Title:	D	( ) Delete
Name:	KASPARIAN, CONNIE	
Address:	1814 WOOD TRAIL STREET	
City-St-Zip:	TARPON SPRINGS, FL 33688 US	
Title:	T	( ) Delete
Name:	KRAMER, TRACY L	
Address:	308 WOOD CHUCK AVE	
City-St-Zip:	TARPON SPRINGS, FL 33688 US	
Title:	D	( ) Delete
Name:	HAAS, DORY	
Address:	1767 WOOD TRAIL ST	
City-St-Zip:	TARPON SPRINGS, FL 33688 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN REITMEYER PRES 03/27/2008

Electronic Signature of Signing Officer or Director — Date