


FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90002 041 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N43440					
1. Entity Name ARBORWOOD AT FOREST RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2950 N 28 TERRACE HOLLYWOOD, FL 33020 US			Mailing Address 2950 N 28 TERRACE STE #119 HOLLYWOOD, FL 33020 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0265380	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMERY, MICHAEL ONE FINANCIAL PLAZA FT LAUDERDALE, FL 33394			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLIS, GLENN		NAME		
STREET ADDRESS	9231 ARBORWOOD CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	DAVIE, FL 33328		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASS, PAOID		NAME		
STREET ADDRESS	9209 ARBORWOOD CIR		STREET ADDRESS		
CITY - ST - ZIP	DAVIE, FL 33328		CITY - ST - ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOPPEL, FREDERICK		NAME	Juan Valderrama	
STREET ADDRESS	2714 PINWOOD CT		STREET ADDRESS	9263 Arborwood Circ.	
CITY - ST - ZIP	DAVIE, FL 33328		CITY - ST - ZIP	DAVIE, FL 33328	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATCHEN, HEATHER		NAME	Jesse Grogan	
STREET ADDRESS	9291 ARBORWOOD CIR		STREET ADDRESS	2734 Pinewood Ct	
CITY - ST - ZIP	DAVIE, FL 33328		CITY - ST - ZIP	DAVIE, FL 33328	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORZYBSKI, JOSEPH		NAME		
STREET ADDRESS	9264 ARBORWOOD CIR		STREET ADDRESS		
CITY - ST - ZIP	DAVIE, FL 33328		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.					
SIGNATURE: <i>[Signature]</i> as President Arborwood HOA 2/21/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					