


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90852 045 ****70.00

DOCUMENT # N94000000522					
1. Entity Name THE FOREST AT RIDGEWOOD HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1428 GOLF COURSE PARKWAY DAVENPORT, FL 33837			Mailing Address P.O. BOX 291 DAVENPORT, FL 33836 2204 Edmonton St Winter Haven, FL 33881		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04212007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3247166	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BYNUM, HUGH 1428 GOLF COURSE PARKWAY DAVENPORT, FL 33837 2204 Edmonton St Winter Haven, FL 33881			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 _____ (NOTE: Registered Agent signature required when reinstating) 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BYNUM, HUGH 1428 GOLF COURSE PARKWAY 2204 Edmonton St. DAVENPORT, FL 33837 Winter Haven, FL 33881				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete HOPKINS, CHARLES 338 GOLF COURSE PKWY DAVENPORT, FL 33837				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete JOHNSON, JOHN 745 GOLF COURSE PKWY DAVENPORT, FL 33837				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD <input type="checkbox"/> Delete KALLMEYER, GARY GOLF COURSE PKWY DAVENPORT, FL 33837				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	817 <input type="checkbox"/> Delete _____ _____ _____				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joe Stenza 408 Golf Course Pkwy Davenport, FL 33837				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ronald Lapinska 215 Golf Course Pkwy Davenport, FL 33837				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kallmeyer, Gary 817 Golf Course Pkwy Davenport, FL 33837				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hugh Bynum 2204 Edmonton St Winter Haven, FL 33881				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____				
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>Hugh Bynum</i> <i>Hugh Bynum</i> _____ <i>Secy/Treasurer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>4/27/07</i> Daytime Phone # <i>863-595-0030</i>					