

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90091 045 \*\*\*\*61.25

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

2204 EDMONTON ST  
WINTER HAVEN, FL 33881



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3247166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BYNUM, HUGH  
2204 EDMONTON ST  
WINTER HAVEN, FL 33881

**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 *Hugh Bynum*, HUGH BYNUM

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

(NOTE: Registered Agent signature required when reinstating)

*Jan 8, 2008*

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
BYNUM, HUGH  
2204 EDMONTON ST  
WINTER HAVEN, FL 33881

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LAPINSKA, RONALD  
215 GOLF COURSE PKWY  
DAVENPORT, FL 33837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
STENZA, JOE  
408 GOLF COURSE PKWY  
DAVENPORT, FL 33837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KALLMEYER, GARY  
817 GOLF COURSE PKWY  
DAVENPORT, FL 33837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Hugh Bynum* - Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 8, 2008*

Date

*(863) 595-0030*

Daytime Phone #