


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 22 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766514 (4)**  
 1. Corporation Name  
**LAKE RIDGE VILLAGE CLUB ASSOCIATION, INC.**



Principal Place of Business <b>10630 LARISSA STREET ORLANDO FL 32821</b>	Mailing Address <b>10630 LARISSA STREET ORLANDO FL 32821</b>
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3. Date Incorporated or Qualified <b>01/12/1983</b>		
4. FEI Number <b>59-2494950</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>NEUMANN, LILLIAN 10655 LAZY LAKE DR ORLANDO FL 32821</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>TD</b>	NAME <b>NEWMAN, ABRAHAM</b>	1.1 TITLE <b>PD</b>	1.2 NAME <b>BARBARA SIENKO</b>
STREET ADDRESS <b>10304 LOLLIPOP LANE</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	1.3 STREET ADDRESS <b>5013 LADY BUG PLACE</b>	1.4 CITY-ST-ZIP <b>ORLANDO FL 32821</b>
TITLE <b>SD</b>	NAME <b>NEUMANN, LILLIAN</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>10655 LAZY LAKE DR</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>PD</b>	NAME <b>GORDON, DAVE</b>	3.1 TITLE <b>TD</b>	3.2 NAME <b>EMERY SZLEZAK</b>
STREET ADDRESS <b>10630 LARISSA STREET</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	3.3 STREET ADDRESS <b>47 44 LARCH MONT CT.</b>	3.4 CITY-ST-ZIP <b>ORLANDO FL 32821</b>
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **1/6/98 407-363-1700**

CR2E037 (10/97)