

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90737 002 ****61.25

DOCUMENT # N22075

1. Entity Name

LAKE RIDGE CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**52 E SOUTH STREET
ORLANDO FL 32801
US**

Mailing Address

**52 E. SOUTH STREET
ORLANDO FL 32801
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2871300**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASHER, DONALD L JR
52 E SOUTH STREET
ORLANDO FL 32801-3396**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 NAME STREET ADDRESS CITY-ST-ZIP	D HEITMAN, SANDY 12636 LAKE RIDGE CIRCLE CLERMONT FL 34711	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DECKER, SHIRLEY 12623 LAKE RIDGE CIR CLERMONT FL 34711	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAUGH, ROBERT 12649 LAKE RIDGE CIR. CLERMONT FL 34711	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, RON 12645 LAKE RIDGE CIR CLERMONT FL 34711	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JANETZKI, DIANA 11811 RIDGEVIEW CIRCLE CLERMONT FL 34711	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jason Boyd 11809 Overlook Drive Clermont, FL 32711	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bob Taylor 12732 Lakeridge Circle Clermont, FL 32711	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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:

Signature Required

4-1-03

352-242-5177

CR2E037 (10/02)