

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$199 (IF INCORPORATED, REMITTANCE AMOUNT DUE TO REGISTAR: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 JUL 11 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28352 (5)

1. Corporation Name

ALDEN RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6982 DEARBORN PL
BOYNTON BEACH FL 33437
US

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BOYNTON BEACH FL 33437
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/14/1988
3a. Date of Last Report 04/25/1994
4. FBI Number 22-2918496
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWKINS ROBIN
6982 DEARBORN PL
BOYNTON BEACH FL 33437

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

ROBIN A. HAWKINS

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

(NOT for Registered Agent signature required when retaining)

DATE

6-12-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HAWKINS ROBIN A
STREET ADDRESS	6982 DEARBORN PL
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	VD
NAME	LANSLOWNE EDWARD
STREET ADDRESS	6870 ALDEN RIDGE DR
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	SD
NAME	CANNON WILLIAM M
STREET ADDRESS	6927 DEARBORN PL
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	TD
NAME	BURRIS MEL
STREET ADDRESS	6731 ALDEN RIDGE DR
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	VP
NAME	SKERLIC CHRIS M
STREET ADDRESS	6879 BEACON HOLLOW TURN
CITY-ST-ZIP	BOYNTON BEACH FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	SEC
2.3 STREET ADDRESS	WILLIAM M. CANNON
2.4 CITY-ST-ZIP	6927 DEARBORN PL
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	THOS.
3.3 STREET ADDRESS	STEVEN SCHILLER
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	T/DIRECTOR
4.3 STREET ADDRESS	STEPHEN J. SCHILLER
4.4 CITY-ST-ZIP	9743 ARBOR MEADOW DR
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	01
6.3 STREET ADDRESS	GERALD FLATLY
6.4 CITY-ST-ZIP	7662 ARBOR MEADOW DR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

ROBIN A. HAWKINS

Signature and typed or printed name of signing officer or director

6-12-95 407-688-4000

Date

Exempt From