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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N28352 (5)

1. Corporation Name

ALDEN RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9614 ARBOR MEADOW DR BOYNTON BEACH FL 33437 US	3900 WOODLAKE BLVD. SUITE 201 LAKE WORTH FL 33463

3. Date Incorporated or Qualified: 09/14/1988

4. FEI Number: 22-2919496 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 951 Broken Sound Parkway
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27 Ste 250
City & State 23	City & State 28 Boca Raton FL
Zip 24 / Country 25	Zip 29 33444 / Country 30 P. Beach

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. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MALONE, DENISE
9614 ARBOR MEADOW DR
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

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 _____ 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	P	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	MALONE, DENISE		1.2 NAME	CLINE, DAVIN	
STREET ADDRESS	9614 ARBOR MEADOW DR		1.3 STREET ADDRESS	6904 Beacon Hollow Turn	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORDENTE, PETER		2.2 NAME		
STREET ADDRESS	6982 DEARBORN PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FERMO, DENISE		3.2 NAME		
STREET ADDRESS	6787 FARRAGUT LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARUSO, JOHN		4.2 NAME		
STREET ADDRESS	6828 ALDEN RIDGE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MISAMORE, STACY		5.2 NAME		
STREET ADDRESS	6918 DEARBORN PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: [illegible] 4-15-98 738-1742