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NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 04, 1999 8:00 am § Secretary of State 05-04-1999 90092 041 ****61.25

DOCUMENT # N28352

ALDEN RIDGE HOMEOWNERS' ASSOCIATION, INC.

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Principal Place	e of Business JEADOW DR	Mailing Address 951 BROKEN SOUND PRKWY	97168	March	Dive	ánia ilai bibili	Bibli bibli bibli bib	II 3 (1) (33)
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	• •	US 9715 AONIA	uda D	3343	7			
2. Principal P	ace of Business	2a. Mailing Address	11800	-	3. Date incorporated or Qualit	ed	• ,	
27 9715	Alber Mader Dr	26 5710 S WIX	TEMP	STE.	A 09/14/1988			
-Suite, Apt.	#, etc	Suite, Apt. #, etc.	I		4. FEI Number			plied For
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Zip	Country (Zip 2 2 4 3	Country √		6. Election Campaign Financi	ng _	\$5.00	May Be
Z4 331	VS' 25 USH	29 33405 30	1 UST	7)	Trust Fund Contribution	a 🗀	Added to	
	9. Name and Address of Current				10. Name and Address of Ne	w Registere	d Agent	•
			81 Nar	ne		•		
MALONE, DENISE			82 Stre	et Addre	ss (P.O. Box Number is Not Acc	eptable)		
	OR MEADOW DR 22 23 22 22 21 21 22 22 22 22 22 22 22 22 22		83					-
BOTHION	DEAON FLOORS		84 City	,	<u> </u>		85 Zip C	Code
	k .					F		
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								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	stered Agent signat	ure required v		DATE		
		0.0000	43		ADDITIONS/CHANGES TO	OFFICERS A	AND DIRECTO	RS IN 12
12.	OFFICERS AND		13.	+	ADDITIONS/CHANGES TO	OFFICERS		
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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 of 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, with all other like empowered.

SIGNATURE: