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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28352**

1. Corporation Name

ALDEN RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~9614~~ 9715 ARBOR MEADOW DR BOYNTON BEACH FL 33437 US	~~951 BROKEN SOUND PRKWY~~ 9715 Arbor Meadow Drive ~~STE 250~~ ~~BOCA RATON FL 33444~~ Boynton Beach, Florida US 9715 Arbor Meadow 33437

2. Principal Place of Business 21 9715 Arbor Meadow Dr Suite, Apt. #, etc. 22 City & State 23 Boynton Beach FL Zip 24 33437 Country 25 USA	2a. Mailing Address 26 ~~CLOUD LESTONE HERB MGMT~~ ~~5710 S. DIXIE HWY STE~~ A Suite, Apt. #, etc. 27 ~~SUITE A~~ City & State 28 ~~WEST PALM BEACH FL~~ Boynton Beach, FL Zip 29 ~~33405~~ 33437 Country 30 USA	3. Date Incorporated or Qualifed 09/14/1988 4. FEI Number 22-2919496 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MALONE, DENISE 9614 ARBOR MEADOW DR 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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALONE, DENISE 9614 ARBOR MEADOW DR BOYNTON BEACH FL 33437	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Treasurer / Director Russell Locandro 6870 Farragut Lane Boynton Beach, FL 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MORDENTE, PETER 6982 DEARBORN PLACE BOYNTON BEACH FL 33437	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP/D Mordente, Peter 6982 Dearborn Place Boynton Beach, FL 33437	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FERMO, DENISE 6787 FARRAGUT LN BOYNTON BEACH FL 33437	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARUSO, JOHN 6828 ALDEN RIDGE DRIVE BOYNTON BEACH FL 33437	☒ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLINE, DAVIN 6904 BEACON HOLLOW TURN BOYNTON BCH FL 33439	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Denise Malone **SIGNATURE REQUIRED** 4/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #