2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
04-24-2001 90070 014 ****61.25

DOCUMENT # N28352

- 44094

1. Entity Name

ALDEN RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9715 ARBOR MEADOW DR. BOYNTON BEACH FL 33437 US	9718 ARBOR MEADOW DR. BOCA RATON FL 33437 US

DO NOT WRITE IN THIS SPACE

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 22-2919496 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PODESTA, CARI PA 11382 PROSPERITY FARMS ROAD STE 227 WEST PALM BEACH FL 33410	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.

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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALONE, DENISE 9614 ARBOR MEADOW DR BOYNTON BEACH FL 33437	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D DILLON PATRICK 9584 ARBOR MEADOW DR. BOYNTON BEACH, FL. 33437 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MORDENTE, PETER 6982 DEARBORN PLACE BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P/D LOCANDRO RUSSELL 6870 FARRAGUT LANE BOYNTON BEACH, FL. 33437 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARUSO, JOHN 6828 ALDEN RIDGE DRIVE BOYNTON BEACH FL 33437	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLINE, DAVIN 6904 BEACON HOLLOW TURN BOYNTON BCH FL 33439	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 4/17/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #