2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91890 049 ****61.25

0039174

DOCUMENT # N28352

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Associated Property Mgt	Associated Property Mgt
Suite, Apt. #, etc.: 1928 LAKE WORTH Rd	Suite, Apt. #, etc.: 1928 LAKE WORTH Rd.
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
Zip: 3346 Country: USA	Zip: 33461 Country: USA

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUTCHINSON, JUDY 6800 ALBEN RIDGE DR BOYNTON BEACH FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOCANDRO, RUSSELL 6870 FARRAGUT LANE BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMPSON, LAURIE 6905 BARNWELL DR BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GOWER, RODNEY 6744 ALDEN RIDGE DR. BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FROST, MARIA 6896 BEACON HOLLOW TURN BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YOUNG, HEIDI 6901 BARNWELL DR BOYNTON BEACH FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENNINGS, HASHAM 6897 BARNWELL DR BOYNTON BEACH FL 33437	☒ 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 (10/02)

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: Russell Locandro J. Russell Locandro 4-17-03 (561) 737-1613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #