

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <b>N40077 (2)</b> 1. Corporation Name <b>HOLDEN RIDGE OWNERS ASSOCIATION, INC.</b>



Principal Place of Business: **1601 TYLER LAKE CT, ORLANDO FL 32839-46**  
 Mailing Address: **4601 TYLER LAKE CT, ORLANDO FL 32839-46**

2. Principal Place of Business <b>21 2170 SR 434 W</b>	2a. Mailing Address <b>26 2170 SR 434 W</b>
Suite, Apt. #, etc. <b>22 Ste 384</b>	Suite, Apt. #, etc. <b>27 Ste 384</b>
City & State <b>23 Longwood FL</b>	City & State <b>28 Longwood FL</b>
Zip <b>24 32779</b>	Country <b>25 USA</b>
Country <b>29 USA</b>	Zip <b>30 32779</b>

3. Date Incorporated or Qualified <b>09/05/1990</b>	
4. FEI Number <b>59-3111378</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**LEKLEM, JOHN A ESQ.**  
**JOHN A. LEKLEM, P.A.**  
**17 SOUTH MAGNOLIA AVENUE**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
**81 Name Marilyn C. Campbell**  
**82 Street Address (P.O. Box Number is Not Acceptable) 2170 SR 434 W Ste 384**  
**83**  
**84 City Longwood FL 85 Zip Code 32779**

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 *Marilyn Campbell* **MARILYN CAMPBELL** **4/3/98**  
Signature typed or printed name of registered agent and INC, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>TITLEY, EDWIN</b>	
STREET ADDRESS <b>1231 TYLER CIRCLE</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>HARP, DAVID</b>	
STREET ADDRESS <b>1132 JESSAMINE LAKE CT</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>FD</b>	<input type="checkbox"/> DELETE
NAME <b>LACONIS, BRUCE</b>	
STREET ADDRESS <b>1237 TYLER LAKE CR.</b>	
CITY-ST-ZIP <b>ORLANDO FL 32839</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>HIGHT, WILLIAM</b>	
STREET ADDRESS <b>1304 Tyler Lake Circle</b>	
CITY-ST-ZIP <b>Orlando, FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Edwin Titley Jr.* **4-22-98** **407-856-4603**

CR2E037 (10/97)