

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

0024789

02-27-2001 90328 044 ****61.25

DOCUMENT # N40077

1. Entity Name

HOLDEN RIDGE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% ATTWOOD & PHILLIPS
 1350 ORANGE AVE., SUITE 100
 WINTER PARK FL 32789
 US

% ATTWOOD & PHILLIPS
 1350 ORANGE AVE., SUITE 100
 WINTER PARK FL 32789
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3111378

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PHILLIPS, ROGER V
ATTWOOD-PHILLIPS INC.
1350 ORANGE AVENUE, SUITE 100
WINTER PARK FL 32789

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: **D** Delete
 NAME: **GOERNDT, DENNIS**
 STREET ADDRESS: **4615 HOLDEN RIDGE AVE**
 CITY-ST-ZIP: **ORLANDO FL 32839**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **VD** Delete
 NAME: **KEETON, TERRY**
 STREET ADDRESS: **1109 JESSAMINE LAKE CT**
 CITY-ST-ZIP: **ORLANDO FL 32839**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **TD** Delete
 NAME: **LACONIS, BRUCE**
 STREET ADDRESS: **1237 TYLER LAKE CR.**
 CITY-ST-ZIP: **ORLANDO FL 32839**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **SD** Delete
 NAME: **SCOTT, MARY**
 STREET ADDRESS: **4811 HIGH RIDGE CT**
 CITY-ST-ZIP: **ORLANDO FL 32839**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **PD** Delete
 NAME: **MCCARTHY, STEVEN**
 STREET ADDRESS: **4824 TYLER LAKE CT.**
 CITY-ST-ZIP: **ORLANDO FL 32839**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

STEVEN A. MCCARTHY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/01 407 573-2000

CR2E037 (10/00)