

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766514 (4)
1. Corporation Name
LAKE RIDGE VILLAGE CLUB ASSOCIATION, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:38**

Principal Place of Business
**10630 LARISSA STREET
ORLANDO FL 32821**

Mailing Address
**10630 LARISSA STREET
ORLANDO FL 32821**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/12/1983

3a. Date of Last Report
05/17/1994

4. FEI Number
59-2494950

Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip Country
28

2b. Mailing Address
29 Suite, Apt. #, etc.
30 City & State
31 Zip Country
32

9. Name and Address of Current Registered Agent

**NEUMANN, LILLIAN
10655 LAZY LAKE DR
ORLANDO FL 32821**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, ABRAHAM	12 NAME	
STREET ADDRESS	10304 LOLLIPOP LANE	13 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	14 CITY - ST - ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	FEIT, BETTY	22 NAME	
STREET ADDRESS	4926 LINDSEY COURT	23 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	NEUMANN, LILLIAN	32 NAME	
STREET ADDRESS	10655 LAZY LAKE DR	33 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	34 CITY - ST - ZIP	
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	WENNER, ALBERT	42 NAME	TD Dave Gordon
STREET ADDRESS	10505 LARSON CT	43 STREET ADDRESS	10630 Larissa Street
CITY - ST - ZIP	ORLANDO FL	44 CITY - ST - ZIP	Orlando, FL 32821
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addressee.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABRAHAM NEWMAN

3/24/95 - 407 351-3919