

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90002 048 \*\*\*\*61.25

**DOCUMENT # 766514**

1. Entity Name  
**LAKE RIDGE VILLAGE CLUB ASSOCIATION, INC.**



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

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

**54064736**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06212004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2494950**

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

**ERICHSEN, GRACE  
10707 LARISSA ST  
ORLANDO, FL 32821**

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

Filing Fee is \$61.25  
Due by September 8, 2004

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 ☒ Delete  
NAME **TD**  
STREET ADDRESS **LUCGNTI, JACQUINE**  
CITY-ST-ZIP **4934 LADY BUG PLACE  
ORLANDO, FL 32821**

TITLE ☐ Change ☒ Addition  
NAME **TD**  
STREET ADDRESS **Kathryn Shimer**  
CITY-ST-ZIP **4750 Larchmont CT  
Orlando FL 32821**

TITLE ☒ Delete  
NAME **PD**  
STREET ADDRESS **EZLEZAK, EMERY**  
CITY-ST-ZIP **47744 LARCHMONT CT  
ORLANDO, FL 32821**

TITLE ☐ Change ☒ Addition  
NAME **PD**  
STREET ADDRESS **Orlando Zapata**  
CITY-ST-ZIP **10768 Lazy Lake DR  
Orlando FL 32821**

TITLE ☒ Delete  
NAME **VPD**  
STREET ADDRESS **RUNKLE, WALTER**  
CITY-ST-ZIP **10431 LARISSA ST  
ORLANDO, FL 32821**

TITLE ☐ Change ☒ Addition  
NAME **VPD**  
STREET ADDRESS **Rita Tiersmith**  
CITY-ST-ZIP **4828 Laddie CT  
Orlando FL 32821**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/04

407-847-0023