

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90014 034 ****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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2494950	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERICHSEN, GRACE 10707 LARISSA ST ORLANDO, FL 32821				7. Name and Address of New Registered Agent Name AJ Alford Street Address (P.O. Box Number is Not Acceptable) 4718 Larchmont Ct. City Orlando FL 32821	
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 AJ Alford AJ Alford 1/31/06 Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when converting) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	VD SHIMER, KATHRYN 4750 LARCHMONT CT ORLANDO, FL 32821	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER-DIRECTOR	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLOSSENGER, TERRY 5014 LADY BUG PLACE ORLANDO, FL 32821	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-DIRECTOR PAUL MCKENZIE 10321 LOLLIPOP LANE ORLANDO FL 32821	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SZLEZAK, EMERY 4744 LARCHMONT CT ORLANDO, FL 32821	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT-DIRECTOR WALTER RUNKLE 10431 LARISSA STREET ORLANDO FL 32821	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ERICHSEN, GRACE 10707 LARISSA STREET ORLANDO, FL 32821	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-DIRECTOR A.J. ALFORD 4718 LARCHMONT COURT ORLANDO FL 32821	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kath Shimer - Treasurer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 01-24-06 Daytime Phone 407-3513919		