

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90040 020 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2494950**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHIMER, KATHRYN  
4730 LARCHMONT COURT  
ORLANDO, FL 32821**

7. Name and Address of New Registered Agent

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 May 1, 2008**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIMER, KATHRYN 4750 LARCHMONT CT ORLANDO, FL 32821 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNKLE, WALTER 10431 LARISSA ST ORLANDO, FL 32821 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGUIRK, MARY 4719 LARCHMONT COURT ORLANDO, FL 32821 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMOKE, LEONARD 10637 LAZY LAKE DRIVE ORLANDO, FL 32821 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATHRYN SHIMER 4750 LARCHMONT CT ORLANDO FL 32821 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONARD SMOKE 10637 LAZY LAKE DRIVE ORLANDO FL 32821 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEFFREY GIRALT 4902 LINDSAY COURT ORLANDO FL 32821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Leonard Smoke*

**LEONARD SMOKE**  
PRINTED

**PRESIDENT**  
TITLE

**2-20-08**  
DATE

ATTACHMENT

40030806

#766514

D  
Philippe de Leonardis  
4822 Laddie Court  
Orlando FL 32821

D  
Pasquale DeLuca  
10537 Linger Lane  
Orlando FL 32821

D  
Cassandra Harris  
10312 Licorice Way  
Orlando FL 32821

D  
Susan Hathcock  
10511 Larson Court  
Orlando FL 32821

D  
Karen Wade  
4829 Larchmont Circle  
Orlando FL 32821