

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90085 015 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2494950**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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

FILE NOW: FEE IS \$61.25

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

TITLE **PD** ☐ Change ☒ Addition
NAME **SZLEZAK, EMERY**
STREET ADDRESS **4744 LARCHMONT CT**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **VPD** ☒ Delete
NAME **ERICHSEN, GRACE**
STREET ADDRESS **10707 LARISSA ST**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **VPD** ☐ Change ☒ Addition
NAME **RUNKLE, WALTER**
STREET ADDRESS **10431 LARISSA ST.**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **SD** ☒ Delete
NAME **BERNA, CHERI**
STREET ADDRESS **10307 LAGUARDIA CT**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **SD** ☐ Change ☒ Addition
NAME **KATHERYN SHIMER**
STREET ADDRESS **4750 LARCHMONT CT.**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **TD** ☒ Delete
NAME **SZLEZAK, EMERY**
STREET ADDRESS **4744 LARCHMONT CT**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **TD** ☐ Change ☒ Addition
NAME **JACQUILINE LUCCENTI**
STREET ADDRESS **4934 LADYBUG PLACE**
CITY-ST-ZIP **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

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: *Emery J. Szlezak* **1-7-03 407-351-3919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)