FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2001 8:00 am Secretary of State DOCUMENT # 766514 1. Entity Name LAKE RIDGE VILLAGE CLUB ASSOCIATION, INC. 01-26-2001 90115 017 ****61 25 Principal Place of Business Mailing Address 10630 LARISSA STREET 10630 LARISSA STREET ORLANDO FL 32821 ORLANDO FL 32821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2494950 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WATSON, ALICE **5011 LINDSAY COURT** ORLANDO FL 32821 Zip Code FL 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. 1/13/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. П **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition FEIT, BETTY NAME NAME STREET ADDRESS 4926 LINDSAY COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 CITY-ST-ZIP SD ☐ Delete TITLE ☐ Change ☐ Addition WATSON, ALICE NAME STREET ADDRESS 5011_LINDSAY_COURT_ STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 CITY-ST-ZIP TITLE ٧D ☐ Delete TITLE Change ☐ Addition ERICHSEN, GRACE NAME STREET ADDRESS 10707 LARISSA STREET STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 CITY-ST-ZIP TD TITLE Delete TITLE ■ Addition SZLEZAK, EMERY Cheni, Berna 10307 Laguardia Ct 4744 LARCHMONT COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 CITY-ST-ZIP Orlando, Fl 32821 TITLE ☐ Delete Change ☐ Addition WATSON, ALICE NAME STREET ADDRESS 5011 LINDSAY COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 REQUIRED

P 1-9-2000

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Douting Phone #

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