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

01062006 Chg-NP CR2E037 (11/05)

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

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: AJ Alford Street Address (P.O. Box Number is Not Acceptable): 4718 Larchmont Ct. City: Orlando FL Zip Code: 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: A.J Alford — A.J Alford — DATE: 1/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 LOLLI POP 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	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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Kathryn Shimer - Treasurer — 01.24.06 — 407-351-3919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #