

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



☐ CHECK HERE IF MAKING CHANGES

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RUNKLE, WALTER 10431 LARISSA ST ORLANDO FL 32821	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZLEZAK, EMERY 4744 LARCHMONT CT ORLANDO FL 32821	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ERICHSEN, GRACE 10707 LARISSA ST ORLANDO FL 32821	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUNKLE, WALTER 10431 LARISSA ST. ORLANDO FL 32821	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERNA, CHERI 10307 LAGUARDIA CT ORLANDO FL 32821	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KATHERYN SHIMER 4750 LARCHMONT CT. 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	TD JACQUILINE LUCCENTI 4934 LADYBUG PLACE ORLANDO FL 32821	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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**