

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90271 014 ****61.25

DOCUMENT # N01000002027

1. Entity Name

HUNTINGTON RIDGE PROPERTY OWNER'S ASSOCIATION, I
NC.

Principal Place of Business

2626 DUFF RD.
LAKELAND FL 33810

Mailing Address

2626 DUFF RD.
LAKELAND FL 33810

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

59-3709011

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

SOCIA, CLARENCE J
2626 DUFF RD.
LAKELAND FL 33810

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME SOCIA, CLARENCE J
STREET ADDRESS 105 HEATHERPOINT DR.
CITY-ST-ZIP LAKELAND FL 33810

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVST
NAME PETERSON, ELAINE
STREET ADDRESS 7041 MONTEAL DR.
CITY-ST-ZIP LAKELAND FL 33810

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV
NAME AMMONS, PAT
STREET ADDRESS 2626 DUFF RD.
CITY-ST-ZIP LAKELAND FL 33810

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLARENCE J. SOCIA 863-859-1407
PRES Date Daytime Phone #

CR2E037 (9/01)