

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009520

FILED
May 03, 2007
Secretary of State

Entity Name: ALEXANDER RIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

101 SOUTHHALL LANE, SUITE 200
MAITLAND, FL 32751

New Principal Place of Business:

1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826

Current Mailing Address:

101 SOUTHHALL LANE, SUITE 200
MAITLAND, FL 32751

New Mailing Address:

P.O. BOX 781281
ORLANDO, FL 32878

FEI Number: 20-5047665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HACKER, E. BING
101 SOUTHHALL LANE, SUITE 200
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

COMMUNITY RESOURCE MANAGEMENT, INC
1802 N. ALAFAYA TRAIL
ORLANDO, FL 32828 US

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: FRANK SURFACE

05/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HACKER, E. BING
Address: 101 SOUTHHALL LANE, SUITE 200
City-St-Zip: MAITLAND, FL 32751

Title: VD () Delete
Name: BOODY, DAN
Address: 1635 E. HWY. 50
City-St-Zip: CLERMONT, FL 34711

Title: STD () Delete
Name: WILLIAMS, TRACY
Address: 1635 E. HWY. 50
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, TRACY
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826

Title: VD (X) Change () Addition
Name: STAFFA, DAVE
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826 US

Title: STD (X) Change () Addition
Name: NIELSEN, PAT
Address: 1802 N. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32826 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY WILLIAMS

P

05/03/2007

Electronic Signature of Signing Officer or Director

Date