

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90048 003 ****61.25

DOCUMENT # N23427 1. Entity Name ALDERMAN RIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 2409 PALM HARBOR, FL 34682 US			Mailing Address P.O. BOX 1313 PALM HARBOR, FL 34682		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02222007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2859130				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOURGEDIS, VINCENT 3020 ORCHARD DR PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent Name Don Lichniak Street Address (P.O. Box Number is Not Acceptable) 3090 orchard DR City PALM HARBOR FL Zip Code 34684		
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 DON LICHNIAK PRESIDENT <i>Don Lichniak</i> 2/22/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	P LICHNIAK, DONALD 3090 ORCHID DR PALM HARBOR, FL 34684	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROOKER, ROSS 3079 LAHLOR LN PALM HARBOR, FL 34684	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BOURGEDIS, VINCENT 3020 ORCHID DR PALM HARBOR, FL 34684	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AUCH, GRAHAM 2857 RIVIERE RIDGE DR PALM HARBOR, FL 34684	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PERRY FISCH 2801 orchard DR PALM HARBOR FL 34684	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KELLY M STACY 2839 RIVIERE RIDGE DR PALM HARBOR FL 34684	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOM MORAN 2825 orchard DR PALM HARBOR FL 34684	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	☐ 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: <i>Don Lichniak</i> 2/22/07 (727) 480-2302 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					