

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23427

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** ALDERMAN RIDGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 2409  
PALM HARBOR, FL 34682 US

**New Principal Place of Business:**

3090 ORCHARD DR  
PALM HARBOR, FL 34684 US

**Current Mailing Address:**

P.O. BOX 1313  
PALM HARBOR, FL 34682

**New Mailing Address:**

**FEI Number:** 59-2859130      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LICHNIAK, DON  
3090 ORCHARD DR  
PALM HARBOR, FL 34684 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LICHNIAK, DONALD  
Address: 3090 ORCHID DR  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: COCCA, JOHN  
Address: 3008 LAWLOR LN  
City-St-Zip: PALM HARBOR, FL 34684

Title: VP ( ) Delete  
Name: FISCH, PERRY  
Address: 2801 ORCHARD DR  
City-St-Zip: PALM HARBOR, FL 34684

Title: S ( ) Delete  
Name: STACY, KELLY M  
Address: 2839 RIVIERE RIDGE DR  
City-St-Zip: PALM HARBOR, FL 34684

Title: T ( ) Delete  
Name: MORAN, TOM  
Address: 2825 ORCHARD DR  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TAYLOR, BOB  
Address: 2931 LAHLOR LN  
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DON LICHNIAK

PRES

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date