

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28352

FILED
Apr 01, 2009
Secretary of State

Entity Name: ALDEN RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 22-2919496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PODESTA, CARI PA
11382 PROSPERITY FARMS ROAD
STE 227
WEST PALM BEACH, FL 33410 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: PD () Delete
Name: LOCANDRO, RUSSELL
Address: 6870 FARRAGUT LANE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VD () Delete
Name: GOWER, RODNEY
Address: 6744 ALDEN RIDGE DR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: STD () Delete
Name: FAROOK, OMAR
Address: 9759 ARBOR MEADOW DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: ADDERLEY, CECIL
Address: 6745 ALDEN RIDGE DR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN MATH, APM

AGT

04/01/2009

Electronic Signature of Signing Officer or Director

Date