

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90053 023 \*\*\*\*61.25

DOCUMENT # N30683

1. Entity Name

INDIAN RIDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O NANCY RENAULD  
P.O. BOX 974  
KATHLEEN FL 33849  
US

C/O NANCY RENAULD  
P.O. BOX 974 N/A  
KATHLEEN FL 33849  
US

2. Principal Place of Business

90 LAURA SCHAFFER

3. Mailing Address

90 LAURA SCHAFFER

Suite, Apt. #, etc.

P.O. Box 974

Suite, Apt. #, etc.

P.O. Box 974

City & State

KATHLEEN, FL

City & State

KATHLEEN, FL

Zip

33849

Country

FL

Zip

33849

Country

FL

4. FEI Number

59-2942233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RENAULD, NANCY  
8642 INDIAN RIDGE WAY  
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name

LINDA PATTERSON

Street Address (P.O. Box Number is Not Acceptable)

8653 INDIAN RIDGE WAY

City

LAKELAND

FL

Zip Code

33810

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

Linda Patterson

Director

4-16-01

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

TITLE STD  
NAME RENAULD, NANCY  
STREET ADDRESS 8642 INDIAN RIDGE WAY  
CITY-ST-ZIP LAKELAND FL 33810 ☒ Delete

TITLE D  
NAME COOK, URVILL  
STREET ADDRESS 8524 INDIAN RIDGE TRAIL  
CITY-ST-ZIP LAKELAND FL 33810 ☒ Delete

TITLE P  
NAME RENAULD, VICTOR  
STREET ADDRESS 8642 INDIAN RIDGE WAY  
CITY-ST-ZIP LAKELAND FL 33810 ☒ Delete

TITLE VD  
NAME COOK, PAT  
STREET ADDRESS 8524 INDIAN RIDGE TRAIL  
CITY-ST-ZIP LAKELAND FL 33810 ☐ Delete

TITLE D  
NAME PATTERSON, LINDA  
STREET ADDRESS 8653 INDIAN RIDGE WAY  
CITY-ST-ZIP LAKELAND FL 33810 ☐ Delete

TITLE D  
NAME SCHAFFER, LAURA  
STREET ADDRESS 8602 INDIAN RIDGE WAY  
CITY-ST-ZIP LAKELAND FL 33810 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD  
NAME LAURA SCHAFFER  
STREET ADDRESS 8602 INDIAN RIDGE WAY  
CITY-ST-ZIP LAKELAND, FL 33810 ☒ Change ☐ Addition

TITLE  
NAME RANDY ERICKSON  
STREET ADDRESS 8647 INDIAN RIDGE WAY  
CITY-ST-ZIP LAKELAND, FL 33810 ☐ Change ☒ Addition

TITLE  
NAME PATTERSON, ROBERT  
STREET ADDRESS 8653 INDIAN RIDGE WAY  
CITY-ST-ZIP LAKELAND, FL 33810 ☐ Change ☒ Addition

TITLE  
NAME CAROLE ERICKSON  
STREET ADDRESS 8647 INDIAN RIDGE WAY  
CITY-ST-ZIP LAKELAND, FL 33810 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-01 863-853-2077

CR2E037 (10/00)