FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 PM 9:12

DOCUMENT # N40077 (2)

1. Corporation Name
HOLDEN RIDGE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4801 TYLER LAKE CT. ORLANDO FL 32839 US	4801 TYLER LAKE CT. ORLANDO FL 32839 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1990
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3111378 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MATHIS, JEAN C.
912 NORTH HIGHLAND AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	STICKLE, JAMES T	12 NAME	Titley, Edwin
STREET ADDRESS	4818 HIGH RIDE CT.	13 STREET ADDRESS	1231 Tyler Lake Circle
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32839
TITLE	VPD	21 TITLE	VD ☒ Change ☐ Addition
NAME	BOWMAN, EDWARD L	22 NAME	Harp, David
STREET ADDRESS	1142 TYLER LAKE CIRCLE	23 STREET ADDRESS	1132 Jessamine Lake Court
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL 32839
TITLE	TD	31 TITLE	D ☒ Change ☐ Addition
NAME	TITLEY, EDWIN J	32 NAME	Torres, Hiram
STREET ADDRESS	1231 TYLER LAKE CIR.	33 STREET ADDRESS	1107 Tyler Lake Circle
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, FL 32839
TITLE	SD	41 TITLE	~~PD~~ SD ☒ Change ☐ Addition
NAME	LITTLE, JAMES E	42 NAME	Torres, Brenda
STREET ADDRESS	1146 CENTER GROVE ST.	43 STREET ADDRESS	1107 Tyler Lake Circle
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	~~Orlando, FL 32839~~
TITLE	D	51 TITLE	DT ☒ Change ☐ Addition
NAME	ORTIZ, RAMON	52 NAME	Rivera, Phillip
STREET ADDRESS	1131 TYLER LAKE CIR.	53 STREET ADDRESS	1261 Tyler Lake Circle
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	~~Orlando, FL 32839~~
TITLE		61 TITLE	☒ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Edwin Titley Jr. 5/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SWORN OFFICER OR DIRECTOR — Date — Daytime Phone #

0034715