

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **N40077** (2)

1. Corporation Name

HOLDEN RIDGE OWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1801 TYLER LAKE CT. ORLANDO FL 32839 US	1801 TYLER LAKE CT. ORLANDO FL 32839 US

2. Principal Place of Business	2a. Mailing Address
21 2170 SR 434 W	26 2170 SR 434 W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Ste 384	27 Ste 384
City & State	City & State
23 Longwood FL	28 Longwood FL
Zip	Zip
24 32779	29 32779
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	09/05/1990	
4. FEI Number	59-3111378	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~LEKLEM, JOHN A ESQ.~~
~~JOHN A. LEKLEM, P.A.~~
~~17 SOUTH MAGNOLIA AVENUE~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent

81 Name **Marilyn C. Campbell**

82 Street Address (P.O. Box Number is Not Acceptable)
2170 SR 434 W Ste 384

83

84 City **Longwood** **FL** 85 Zip Code **32779**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Marilyn Campbell* **MARILYN CAMPBELL** **4/3/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TITLEY, EDWIN	
STREET ADDRESS	1231 TYLER CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARP, DAVID	
STREET ADDRESS	1132 JESSAMINE LAKE CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	BD	<input type="checkbox"/> DELETE
NAME	LACONIS, BRUCE	
STREET ADDRESS	1237 TYLER LAKE CR.	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIGHT, WILLIAM	
STREET ADDRESS	1304 Tyler Lake Circle	
CITY-ST-ZIP	Orlando, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Edwin Titley Jr.* **4-22-98** **407-856-4603**

CR2E037 (10/97)