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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40077

1. Corporation Name

HOLDEN RIDGE OWNERS ASSOCIATION, INC.

Principal Place of Business
190 NORTH WESTMONTE DR
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
190 NORTH WESTMONTE DR
ALTAMONTE SPRINGS FL 32714
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
STE 100

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.
STE 100

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/05/1990

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

9. Name and Address of Current Registered Agent

CAMPBELL, MARILYN C
2170 SR 434 W.
STE 384
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 **190 N WESTMONTE DR STE 100**
83 **ALTAMONTE SPRINGS FL 32714**
84 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **TITLEY, EDWIN**
STREET ADDRESS **1231 TYLER CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD**
NAME **HARP, DAVID**
STREET ADDRESS **1132 JESSAMINE LAKE CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **STD**
NAME **LACONIS, BRUCE**
STREET ADDRESS **1237 TYLER LAKE CR.**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D**
NAME **HIGHT, WILLIAM**
STREET ADDRESS **1304 TYLER LAKE CIR**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **MCCARTHY, STEVEN**
5.4 CITY-ST-ZIP **4824 TYLER LAKE CT**
ORLANDO FL 32839

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Edwin Titley **RECR**

3-13-99

407-856-4603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)