

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 13, 2000 8:00 am**
Secretary of State

03-13-2000 90046 029 ****61.25

DOCUMENT # N40077

1. Entity Name

HOLDEN RIDGE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% ATTWOOD & PHILLIPS
1350 ORANGE AVE., SUITE 100
WINTER PARK FL 32789
US% ATTWOOD & PHILLIPS
1350 ORANGE AVE., SUITE 100
WINTER PARK FL 32789-4932
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For	
59-3111378		Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**PHILLIPS, ROGER V
ATTWOOD-PHILLIPS INC.
1350 ORANGE AVENUE, SUITE 100
WINTER PARK FL 32789

Name

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

City

FL

Zip Code

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TITLEY, EDWIN	NAME	GOERNDT, DENNIS
STREET ADDRESS	1231 TYLER CIRCLE	STREET ADDRESS	4615 HOLDEN RIDGE AVE
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	ORLANDO FL 32839
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARP, DAVID	NAME	KEETON, TERRY
STREET ADDRESS	1132 JESSAMINE LAKE CT	STREET ADDRESS	1109 JESSAMINE LAKE CT
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	ORLANDO FL 32839
TITLE	STD - <input type="checkbox"/> Delete	TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACONIS, BRUCE	NAME	
STREET ADDRESS	1237 TYLER LAKE CR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGHT, WILLIAM	NAME	SCOTT, MARY
STREET ADDRESS	1304 TYLER LAKE CIR	STREET ADDRESS	4811 HIGH RIDGE CT
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	ORLANDO FL 32839
TITLE	D - <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, STEVEN	NAME	
STREET ADDRESS	4824 TYLER LAKE CT.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: *STEVEN MCCARTHY* **STEVEN MCCARTHY** 2/14/00 (407) 805-8722