

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N40077**

1. Entity Name

HOLDEN RIDGE OWNERS ASSOCIATION, INC.**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90328 044 ****61.25

0024789

Principal Place of Business

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

Mailing Address

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

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 **59-3111378**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PHILLIPS, ROGER V
ATTWOOD-PHILLIPS INC.
1350 ORANGE AVENUE, SUITE 100
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **GOERNDT, DENNIS**
STREET ADDRESS **4615 HOLDEN RIDGE AVE**
CITY-ST-ZIP **ORLANDO FL 32839**TITLE **VD** ☐ Delete
NAME **KEETON, TERRY**
STREET ADDRESS **1109 JESSAMINE LAKE CT**
CITY-ST-ZIP **ORLANDO FL 32839**TITLE **TD** ☐ Delete
NAME **LACONIS, BRUCE**
STREET ADDRESS **1237 TYLER LAKE CR.**
CITY-ST-ZIP **ORLANDO FL 32839**TITLE **SD** ☐ Delete
NAME **SCOTT, MARY**
STREET ADDRESS **4811 HIGH RIDGE CT**
CITY-ST-ZIP **ORLANDO FL 32839**TITLE **PD** ☐ Delete
NAME **MCCARTHY, STEVEN**
STREET ADDRESS **4824 TYLER LAKE CT.**
CITY-ST-ZIP **ORLANDO FL 32839**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

CR2E037 (10/00)