


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004039 (4)**

1. Corporation Name

**INDIAN RIDGE VILLAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**C/O POST OFFICE BOX 3873  
LONGWOOD FL 32791**

**C/O POST OFFICE BOX 3873  
LONGWOOD FL 32791**



3. Date Incorporated or Qualified  
**09/01/1993**

3a. Date of Last Report  
**04/24/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**59-3200010**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKETT, WILLIAM A  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

**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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANDELL, ROBERT A</b>	1.2 NAME	
STREET ADDRESS	<b>1105 KENSINGTON PARK DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERMAINE PARSONS</b>	2.2 NAME	
STREET ADDRESS	<b>1505 OAK HILL TRL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNYDER, SIMON</b>	3.2 NAME	
STREET ADDRESS	<b>1105 KENSINGTON PARK DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN PARSONS</b>	4.2 NAME	
STREET ADDRESS	<b>1505 OAK HILL TRAIL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHIL SERRANO</b>	5.2 NAME	
STREET ADDRESS	<b>7746 WATER OAK CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELIZABETH DES LAURIERS</b>	6.2 NAME	
STREET ADDRESS	<b>7813 MYRTLE OAK</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077841

CR2E037 (9/96)

3/24/97 (407) 869-0800