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May 18 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 # **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

4. FEI Number

59-3200010

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 **D** ☐ DELETE
NAME **MANDELL, ROBERT A**
STREET ADDRESS **1105 KENSINGTON PARK DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **S** ☐ DELETE
NAME **GERMAINE PARSONS**
STREET ADDRESS **1505 OAK HILL TRL**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** ☐ DELETE
NAME **SNYDER, SIMON**
STREET ADDRESS **1105 KENSINGTON PARK DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **PD** ☐ DELETE
NAME **JOHN PARSONS**
STREET ADDRESS **1505 OAK HILL TRAIL**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **V** ☐ DELETE
NAME **PHIL SERRANO**
STREET ADDRESS **7746 WATER OAK CT**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **T** ☐ DELETE
NAME **ELIZABETH DES LAURIERS**
STREET ADDRESS **7813 MYRTLE OAK**
CITY-ST-ZIP **KISSIMMEE FL**

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

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0080678**

CR2E037 (10/97)