

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90047 012 ****61.25

DOCUMENT # N95000001472

1. Entity Name
ALISO RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**9000 ALISO RIDGE RD.
GOTHA, FL 34734 US**

Mailing Address
**9000 ALISO RIDGE RD.
GOTHA, FL 34734 US**

30032489



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3368089

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BLAKE, DEBBIE
9000 ALISO RIDGE RD.
GOTHA, FL 34734**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BLAKE, DEBBIE
STREET ADDRESS 9000 ALISO RIDGE ROAD
CITY-ST-ZIP GOTHA, FL 34734

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SANCHEZ, SONIA
STREET ADDRESS 9103 ALISO RIDGE RD
CITY-ST-ZIP GOTHA, FL 34734

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME TEFERTILLER, KIM
STREET ADDRESS 9031 ALISO RIDGE RD
CITY-ST-ZIP GOTHA, FL 34734

TITLE ☒ Change ☐ Addition
NAME **SD Panella, Kim**
STREET ADDRESS **9031 Aliso Ridge Rd**
CITY-ST-ZIP **GOTHA, FL 34734**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Debbie Blake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-05 407-296-5874

Date

Daytime Phone #