

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

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**



07012006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3368089

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 \$81.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000569931
07/13/06-80009-013 61.25

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PANELLA, KIM
9031 ALISO RIDGE RD
GOTHA, FL 34734**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 President July 2, 2006 407-296-5874