

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 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**



03242008 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**

**DO NOT WRITE  
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 \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000871579  
04/10/08-80003-006 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	

**DO NOT WRITE  
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, Debbie Blake President 3-24-2008**  
**407-776-5874**