


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000005606
 1. Entity Name
SILVER RIDGE OF DELAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**400 NUT TREE DR
 DELAND, FL 32724**

Mailing Address
**400 NUT TREE DR
 DELAND, FL 32724**

DO NOT WRITE IN THIS SPACE



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
06-1723346 Applied For
 Not Applicable

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

**BAUER, KIRK T ESQ
 223 S WOODLAND BLVD
 DELAND, FL 32724**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

UN0000436286
 02/27/06-80031-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT TITCOMB, KENT S 400 NUT TREE DR DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BABBITT, WILLIAM R 400 NUT TREE DR DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LARSON, LYNNE 400 NUT TREE DR DELAND, FL
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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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR