

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 27, 2007 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**



06232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-1723346</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 September 14, 2007**

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

**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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000766690  
06/27/07-80001-023 61.25

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #