

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91620 032 ****61.25

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DOCUMENT # N20020

1. Entity Name

SURREY RIDGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 720605
 ORLANDO FL 32872-0605

P O BOX 720605
 ORLANDO FL 32872-0605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2802674

Applied For

Not Applicable

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

SALGADO, AMY
9808 SURREY RIDGE RD.
ORLANDO FL 32825

Name

MARY J. SPRINGER

Street Address (P.O. Box Number is Not Acceptable)

9985 TRIPLE CROWN CR

City

ORLANDO

FL

Zip Code

32825

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.

SIGNATURE **MARY J. Springer**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mary J. Springer 5-1-2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SPRINGER, MARY	
STREET ADDRESS	9980 TRIPLE CROWN CIR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALGADO, AMY	
STREET ADDRESS	9808 SURREY RIDGE RD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	T	<input type="checkbox"/> Delete
NAME	SWEAT, SHARON	
STREET ADDRESS	9963 TRIPLE CROWN CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	DYKES, DENIGE	
STREET ADDRESS	2210 KETUCKY DERBY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROES, LISA	
STREET ADDRESS	2159 CHURCHILL DOWNS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA M. MAY	
STREET ADDRESS	9944 TRIPLE CROWN CR.	
CITY-ST-ZIP	ORLANDO FL 32825	

CR2E037 (9/01)

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: **SECRETARY/DIRECTOR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 407
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