

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N20020

Entity Name: SURREY RIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

9993 TRIPLE CROWN CIRCLE
ORLANDO, FL 32872

New Principal Place of Business:

Current Mailing Address:

P O BOX 720605
ORLANDO, FL 32872

New Mailing Address:

FEI Number: 59-2802674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWEAT, SHARON
9963 TRIPLE CROWN CIRCLE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMOS, LYDIA
Address: 9993 TRIPLE CROWN CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: VP () Delete
Name: REYNOSO, LIZZA
Address: 2175 CHURCHILL DOWNS CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: T () Delete
Name: SWEAT, SHARON
Address: 9963 TRIPLE CROWN CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: SD () Delete
Name: TORRES, JOSE
Address: 2203 CANERO COURT
City-St-Zip: ORLANDO, FL 32825

Title: DIR () Delete
Name: MCDANIEL, DONNA
Address: 99667 TRIPLE CROWN CIRCLE
City-St-Zip: ORLANDO, FC 32825

Title: DIR () Delete
Name: SCHORNBORN, ANNETTE
Address: 9966 TRIPLE CROWN CIRCLE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: TORRES, JOSE
Address: 2203 CANONERO CT
City-St-Zip: ORLANDO, FL 32825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: GOSSETT, DORIS
Address: 2174 CHURCHILL DOWNS CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: S (X) Change () Addition
Name: MCDANIEL, DONNA
Address: 99667 TRIPLE CROWN CIRCLE
City-St-Zip: ORLANDO, FC 32825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON SWEAT

T

04/13/2009

Electronic Signature of Signing Officer or Director

Date