

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N20020

FILED
Apr 28, 2003
Secretary of State

Entity Name: SURREY RIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 720605
ORLANDO, FL 328720605

New Principal Place of Business:

Current Mailing Address:

P O BOX 720605
ORLANDO, FL 328720605

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:

SPRINGER, MARY J
9985 TRIPLE CROWN CR
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

DAVIS, MARK
2245 CHURCHILL DOWNS CIRCLE
ORLANDO, FL 32825 US

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: MARK DAVIS

04/28/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPRINGER, MARY
Address: 9980 TRIPLE CROWN CIR
City-St-Zip: ORLANDO, FL 32825

Title: VP () Delete
Name: SALGADO, AMY
Address: 9808 SURREY RIDGE RD
City-St-Zip: ORLANDO, FL 32825

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

Title: D () Delete
Name: DYKES, DENIGE
Address: 2210 KETUCKY DERBY DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: SD () Delete
Name: MAY, DONNA M
Address: 9944 TRIPLE CROWN CR
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, MARK
Address: 2245 CHURCHILL DOWNS CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: VP (X) Change () Addition
Name: RAMOS, LYDIA
Address: 9993 TRIPLE CROWN CIRCLE
City-St-Zip: ORLANDO, FL 32825

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

Title: D (X) Change () Addition
Name: RIVERA, JENNY
Address: 2102 CHURCHILL DOWNS CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: SD (X) Change () Addition
Name: DECOSA, BRANDY
Address: 2222 CHURCHILL DOWNS CIRCLE
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILL OLIVER

D

04/28/2003

Electronic Signature of Signing Officer or Director

Date