SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $1.66 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46291** **(3)**

1. Corporation Name

SILVER RIDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
33744 SABAL WAY LEESBURG FL 34788 US	33744 SABAL WAY LEESBURG FL 34788 US c/o JAY BARTHOLOMEW

3. Date Incorporated or Qualified: 12/04/1991
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3121703 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

	Principal Place of Business	Mailing Address
2. / 2a.	Barnett Bank c/o JAY BARTHOLOMEW	Barnett Bank
22 / 27 Suite, Apt. #, etc.	901 US Hwy 27	901 US Hwy 27
23 / 28 City & State	LADY LAKE, FL	LADY LAKE, FL
24 / 29 Zip	32159	32159
25 / 30 Country	USA	USA

9. Name and Address of Current Registered Agent

WHEELER, EDWARD
33744 SABAL WAY
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name: BARTHOLOMEW, JAY
82 Street Address (P.O. Box Number is Not Acceptable): 33732 SABAL WAY
83 LEESBURG, FL 34788
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: JAY BARTHOLOMEW PD — DATE: 6/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☑ Change ☐ Addition
TITLE	PD	11 TITLE	PD
NAME	WHEELER, EDWARD	12 NAME	BARTHOLOMEW, JAY
STREET ADDRESS	33744 SABAL WAY	13 STREET ADDRESS	33732 SABAL WAY
CITY-ST-ZIP	LEESBURG FL	14 CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	MOYE, STEVE	22 NAME	
STREET ADDRESS	34038 VALENCIA DR	23 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	DROBAC, LOIS	32 NAME	
STREET ADDRESS	33913 SABAL WAY	33 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, HARRY	42 NAME	
STREET ADDRESS	2310 BONNIE VIEW COURT	43 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LLOYD, CHARLES	52 NAME	
STREET ADDRESS	33926 SABAL WAY	53 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CRE037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/12/95 — 904-589-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010372