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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46291					
1. Corporation Name SILVER RIDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 33832 SABAL WAY LEESBURG FL 34788 US			Mailing Address 33832 SABAL WAY LEESBURG FL 34788 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/04/1991	
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		9. Name and Address of Current Registered Agent THOMPSON, HARRY 33832 SABAL WAY LEESBURG FL 34788			
10. Name and Address of New Registered Agent				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 <i>Harry Thompson Pres.</i> DATE <i>2/20/99</i>					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, HARRY 33832 SABAL WAY LEESBURG FL ☐ DELETE DIRECTOR	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LLOYD, CHARLES 33926 SABAL WAY LEESBURG FL ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP BO FRANKLIN 33737 SABAL WAY LEESBURG FL 34788 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HURLEY, BECKY 34016 VALENCIA DR. LEESBURG FL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S DENISE MONK 34041 VALENCIA DR. LEESBURG FL 34788 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHEELER, CINDY 33741 SABAL WAY LEESBURG FL ☐ DELETE DIRECTOR	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LLOYD, CHARLES 33926 SABAL WAY LEESBURG FL ☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, BEVERLY 33939 VALENCIA DR. LEESBURG FL ☐ DELETE DIRECTOR	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

Harry Thompson Pres. - 2/20/99 (352) 340-0876