

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059528

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: SOUTHRIDGE PROPERTIES, INC.

**Current Principal Place of Business:**

COUNTY ROAD 561  
TAVARES, FL 32778 US

**New Principal Place of Business:**

**Current Mailing Address:**

4117 COUNTY ROAD 561  
TAVARES, FL 32778 US

**New Mailing Address:**

FEI Number: 59-3359850      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STONE, LEWIS W  
4850 N HWY 19A  
MOUNT DORA, FL 32757 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BERENS, PATRICIA  
Address: 6755 ROUND LAKE ROAD  
City-St-Zip: MOUNT DORA, FL 32757

Title: VP ( ) Delete  
Name: BERENS, THOMAS  
Address: 81275 W 43RD PLACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: ST ( ) Delete  
Name: BERENS, CHRIS  
Address: 4117 COUNTRY ROAD 561  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BERENS, PATRICIA  
Address: 6779 ROUND LAKE ROAD  
City-St-Zip: MOUNT DORA, FL 32757

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS BERENS

ST

02/02/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date