FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:20

DOCUMENT # N93000004742 (3)

1. Corporation Name

SILVER RIDGE PHASE IV HOMEOWNER'S ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
~~151 SOUTHHALL LANE~~ ~~SUITE 230~~ ~~MAITLAND FL 32751~~	~~151 SOUTHHALL LANE~~ ~~SUITE 230~~ ~~MAITLAND FL 32751~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3158358 ☐ 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 ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2180 WEST SR 434	26 2180 WEST SR 434
Suite, Apt. #, etc. 22 SUITE 5000	Suite, Apt. #, etc. 27 SUITE 5000
City & State 23 LONGWOOD FL	City & State 28 LONGWOOD FL
Zip / Country 24 3277905044 25 USA	Zip / Country 29 32779-5044 30 USA

9. Name and Address of Current Registered Agent

~~CENTEX REAL ESTATE CORPORATION~~
~~151 SOUTHHALL LANE~~
~~SUITE 230~~
~~MAITLAND FL 32751~~

10. Name and Address of New Registered Agent

81 Name: JAMES W HART JR
82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC
83: 2180 WEST SR 434 SUITE 5000
84 City: LONGWOOD FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ 2/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEPERA, GREG	12 NAME	
STREET ADDRESS	151 SOUTHHALL LANE, SUITE 230	13 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	~~KNOX, DOUGLAS~~	22 NAME	Lisa Athas
STREET ADDRESS	151 SOUTHHALL LANE, SUITE 230	23 STREET ADDRESS	7141 CORAL COVE DR
CITY-ST-ZIP	MAITLAND FL 32751	24 CITY-ST-ZIP	ORLANDO FL 32818
TITLE	STD	31 TITLE	☒ Change ☐ Addition
NAME	~~JACKSON, STACEY~~	32 NAME	PINSON, STACEY
STREET ADDRESS	151 SOUTHHALL LANE, SUITE 230	33 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	34 CITY-ST-ZIP	
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	CRAIG D LEWIS
STREET ADDRESS		43 STREET ADDRESS	6819 SASSANON CT
CITY-ST-ZIP		44 CITY-ST-ZIP	ORLANDO FL 32818
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	LYNN SHUMACHER
STREET ADDRESS		53 STREET ADDRESS	6856 CORAL COVE DR
CITY-ST-ZIP		54 CITY-ST-ZIP	ORLANDO FL 32818
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: ☒ _____ Anthony L. LePera 5/8/95 407.641.2156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031773