FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N09092 (0)

1. Corporation Name

SILVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1228 BRIDLEBROOK DR CASSELBERRY FL 32718 US	P O BOX 180476 CASSELBERRY FL 32707 US

2. Principal Place of Business 21 52 E. South Street	2a. Mailing Address 26 52 E. South Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, Fl	City & State 28 Orlando, Fl
Zip / Country 24 32801 / 25 USA	Zip / Country 29 32801 / 30 USA

3. Date Incorporated or Qualified 05/06/1985	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2563243	☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

HUFF, SANDRA M
1228 BRIDLEBROOK DR
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: Don Asher & Associates, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 52 E. South Street
83
84 City: Orlando **FL** 85 Zip Code: 32801

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: [signature] DATE: 4/8/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GOODMAN FRANK		1.2 NAME	
STREET ADDRESS	2825 SILVER RIDGE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRANCH, SAM		2.2 NAME	
STREET ADDRESS	2642 SILVER RIDGE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ED		3.2 NAME	
STREET ADDRESS	2962 SILVER RIDGE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OELSCHLAGER, ERIC		4.2 NAME	
STREET ADDRESS	7354 BORDWINE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KEPLER, RICK		5.2 NAME	
STREET ADDRESS	2848 DANFORTH DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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: Frank Goodman 4-10-96 (407) 425-4561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANK GOODMAN