

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 # N93000004742 (3)

1. Corporation Name

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



Principal Place of Business

Mailing Address

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044  
US

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044  
US

3. Date Incorporated or Qualified  
10/14/1993

3a. Date of Last Report  
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

21 Suite, Apt. #, etc.

22 City & State

22 City & State

23 Zip

23 Country

23 Zip

23 Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W. J  
SENTRY MANAGEMENT INC.  
2180 WEST SR 434, SUITE 5000  
LONGWOOD FL 32779

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LEPERA, GREG  
STREET ADDRESS 151 SOUTHHALL LANE, SUITE 230  
CITY-ST-ZIP MAITLAND FL 32751

1.1 TITLE STD  
1.2 NAME KAISER, DANIEL A  
1.3 STREET ADDRESS 151 SOUTHHALL LANE W., SUITE 230  
1.4 CITY-ST-ZIP MAITLAND, FL 32751

TITLE VD  
NAME ATHIAS, LISA  
STREET ADDRESS 7141 COARAL COVE DR.  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE D  
2.2 NAME KANE, MICHAEL P.  
2.3 STREET ADDRESS 151 SOUTHHALL LANE, SUITE 230  
2.4 CITY-ST-ZIP MAITLAND, FL 32751

TITLE STD  
NAME PINSON, STACEY  
STREET ADDRESS 151 SOUTHHALL LANE, SUITE 230  
CITY-ST-ZIP MAITLAND FL

3.1 TITLE VD  
3.2 NAME ATHAS, LISA  
3.3 STREET ADDRESS 7141 CORAL COVE DR  
3.4 CITY-ST-ZIP ORLANDO, FL

TITLE D  
NAME LEWIS, CRAIG D.  
STREET ADDRESS 6819 SASSANON CT.  
CITY-ST-ZIP ORLANDO FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME SHUMACHER, LYNN  
STREET ADDRESS 6856 CORAL COVE DR.  
CITY-ST-ZIP ORLANDO FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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:

MICHAEL P. KANE

3/12/96

407-661-2150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)