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FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

52 E SOUTH ST  
ORLANDO FL 32801  
US

Mailing Address

52 E SOUTH ST  
ORLANDO FL 32801-3308  
US3. Date Incorporated or Qualified  
05/06/19853a. Date of Last Report  
04/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number  
59-2563243Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

DON ASHER & ASSOCIATES INC  
52 E SOUTH ST  
ORLANDO FL 32801

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME GOODMAN FRANK  
STREET ADDRESS 2825 SILVER RIDGE DR  
CITY-ST-ZIP ORLANDO FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

ZIP - 32818 ED

Change Addition

TITLE DVP  
NAME BRANCH, SAM  
STREET ADDRESS 2842 SILVER RIDGE DR  
CITY-ST-ZIP ORLANDO FL

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

ZIP - 32818

Change Addition

TITLE DT  
NAME GARCIA, ED  
STREET ADDRESS 2862 SILVER RIDGE DR  
CITY-ST-ZIP ORLANDO FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPD  
MCCARTY, THOMAS  
2813 DAWFORTH DR  
ORLANDO FL 32818

Change Addition

TITLE DS  
NAME OELSCHLAGER, ERIC  
STREET ADDRESS 7354 BORDWINE DR  
CITY-ST-ZIP ORLANDO FL

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPP/D  
ZIP - 32818

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPS/T/D  
HOETGER, ANDREW J  
7713 COLEBROOK DRIVE  
ORLANDO, FL 32818

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIPD  
MAROSAN, MARIANNE  
3008 GOLDEN ROCK DRIVE  
ORLANDO, FL 32818

Change Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015806

ERIC D. OELSCHLAGER 4/21/97 407-291-2552

CR2E037 (9/96)