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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Country

29
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **HUSAR, BARBARA**
1.3 STREET ADDRESS **3826 WEETAMOO CIR**
1.4 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ DELETE
NAME **KANE, MICHAEL P**
STREET ADDRESS **151 SOUTHHALL LANE, SUITE 230**
CITY-ST-ZIP **MAITLAND FL**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **TORRES, GEORGE**
2.3 STREET ADDRESS **7181 CORAL COVE DR**
2.4 CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☒ DELETE
NAME **ATHAS, LISA**
STREET ADDRESS **7141 CORAL COVE DR.**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **WATSON, IRENE**
3.3 STREET ADDRESS **3318 CHICO AVE**
3.4 CITY-ST-ZIP **ORLANDO FL**

TITLE **STD** ☒ DELETE
NAME **KAISER, DANIEL A**
STREET ADDRESS **151 SOUTHHALL LANE W., SUITE 230**
CITY-ST-ZIP **MAITLAND FL**

4.1 TITLE **TD** ☐ Change ☒ Addition
4.2 NAME **WIELOSZYNSKI, MARY LOU**
4.3 STREET ADDRESS **6212 SASSANON CIR**
4.4 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CF2E037 (9/96)