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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09092

1. Corporation Name

SILVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
52 E SOUTH ST ORLANDO FL 32801 US	52 E SOUTH ST ORLANDO FL 32801 US

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 05/06/1985

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, JOHNNY		1.2 NAME		
STREET ADDRESS	7656 WARDEN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ 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 32818		2.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DILLION, CAROL		3.2 NAME		
STREET ADDRESS	7720 COLEBROOK DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		3.4 CITY-ST-ZIP		
TITLE	SDT	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	HARRELL, LINDA		4.2 NAME		
STREET ADDRESS	2713 FOXWOOD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, STEWARD		5.2 NAME		
STREET ADDRESS	7025 STIDHAM		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME			6.2 NAME	ERIC OELSCHLAGER	
STREET ADDRESS			6.3 STREET ADDRESS	7354 Bordwine Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Orlando, Fl 32818	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 3/31/99 407-425-4561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #