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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N 97000004671

1. Corporation Name
 SPRING RIDGE HOME OWNERS ASSOCIATION INC OF ORANGE COUNTY

Principal Place of Business Mailing Address
 PO BOX 2872
 APOPKA FL 32704

21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		AUG 18, 1997	4.	FEI Number
22	City & State	27	City & State				Applied For
23	Zip	28	Zip			59-3461569	<input checked="" type="checkbox"/> Not Applicable
24	Country	29	Country				\$8.75 Additional Fee Required
		30					5. Certificate of Status Desired <input type="checkbox"/>
							\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOSE A MERCADO 1217 HIMALAYAN CT APOPKA FL 32712				81	Name	RICHARD D MENARD	
				82	Street Address (P.O. Box Number is Not Acceptable)	1122 OLYMPIC CT	
				83	City	APOPKA	85
					State	FL	Zip Code
							32712

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: Richard D Menard **TREASURER** 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	PRESIDENT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOSE A MERCADO			1.2 NAME			
STREET ADDRESS	1217 HIMALAYAN CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			1.4 CITY-ST-ZIP			
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHERYL PEER			2.2 NAME			
STREET ADDRESS	1142 OLYMPIC CT			2.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FANGELIA MILTON			3.2 NAME	CAROL HAWLEY		
STREET ADDRESS	1102 OLYMPIC CT			3.3 STREET ADDRESS	1227 ADIRONDACK CT		
CITY-ST-ZIP	APOPKA FL 32712			3.4 CITY-ST-ZIP	APOPKA FL 32712		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAFAEL BONILLA			4.2 NAME			
STREET ADDRESS	1264 HIMALAYAN CT			4.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHARD D MENARD			5.2 NAME			
STREET ADDRESS	1122 OLYMPIC CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	TRAVERS WARD		
STREET ADDRESS				6.3 STREET ADDRESS	1273 HIMALAYAN CT		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	APOPKA FL 32712		

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: Richard D Menard **RICHARD D MENARD** Date: 9-15-99 Daytime Phone #: 407-880-6464

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)