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09-23-1999 90010 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 97000004671

1. Corporation Name

SPRING RIDGE HOME OWNERS ASSOCIATION INC OF ORANGE COUNTY

Principal Place of Business

Mailing Address

*PO BOX 2872
 APOKA FL 32704*

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

AUG 18, 1997

4. FEI Number

59-3461569

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

*JOSE A MERCADO
 1217 HIMALAYAN CT
 APOKA FL 32712*

10. Name and Address of New Registered Agent

81 Name *RICHARD D MENARD*

82 Street Address (P.O. Box Number is Not Acceptable)

1122 OLYMPIC CT

83

84 City *APOKA*

FL

85 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
 Signature, typed or printed name of registered agent and title if applicable.

TREASURER

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE *PRESIDENT* ☒ DELETE
 NAME *JOSE A MERCADO*
 STREET ADDRESS *1217 HIMALAYAN CT*
 CITY-ST-ZIP *APOKA FL 32712*

TITLE *VICE PRESIDENT* ☐ DELETE
 NAME *CHERYL PEER*
 STREET ADDRESS *1142 OLYMPIC CT*
 CITY-ST-ZIP *APOKA FL 32712*

TITLE *S* ☒ DELETE
 NAME *FANGELIA MILTON*
 STREET ADDRESS *1102 OLYMPIC CT*
 CITY-ST-ZIP *APOKA FL 32712*

TITLE *D* ☐ DELETE
 NAME *RAFAEL BONILLA*
 STREET ADDRESS *1264 HIMALAYAN CT*
 CITY-ST-ZIP *APOKA FL 32712*

TITLE *T* ☐ DELETE
 NAME *RICHARD D MENARD*
 STREET ADDRESS *1122 OLYMPIC CT*
 CITY-ST-ZIP *APOKA FL 32712*

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE *P/D* ☒ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE *S/D* ☐ Change ☒ Addition
 3.2 NAME *CAROL HAWLEY*
 3.3 STREET ADDRESS *1227 ADIRONDACK CT*
 3.4 CITY-ST-ZIP *APOKA FL 32712*

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

5.1 TITLE *V/T/D* ☒ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE *D* ☐ Change ☒ Addition
 6.2 NAME *TRAVERS WARD*
 6.3 STREET ADDRESS *1273 HIMALAYAN CT*
 6.4 CITY-ST-ZIP *APOKA 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD D MENARD

Date

9-15-99

Daytime Phone #

407-880-6464

CR2E037 (1/198)