2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004671

SPRING RIDGE HOME OWNERS ASSOCIATION INC OF ORAN

Principal Place of Business Mailing Address P O BOX 2272 P O BOX 2272 APOPKA FL 32704-2272 APOPKA FL 32704

FILED May 21, 2000 8:00 am Secretary of State

05-21-2000 90006 033 ****61.25



| . Principal P | Place of Business | 3. Mailing Address | | | | | | |
|--|--|---------------------|---|--|----------------------------|--------------|--------------------|--|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & Stat | re | City & State | | 4. FEI Number | 4. FEI Number 59-3461569 | | | |
| Zip | Country | Zip | Country | 5. Certificate of S | | \$8.75 Add | | |
| | 6. Name and Address of Curre | nt Registered Agent | | 7. Name and Address of New Registered Agent | | | | |
| MENARD, 1122 OLYI APOPKA F | | | 1 | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| S. The above | signification of the statement of the st | n Michelle | Jeuman - TE: Registered Agent signature gn Financing | President | Make Check | - · | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/CHANG | GES TO OFFICERS AND D | DIRECTORS IN | 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD. PEER, CHERYL 142 OLYMPIC CT APOPKA FL 30712 SD | Delete | NAME STREET ADDRESS CITY-ST-ZIP TITLE | PD Michelle Ne 1100 ozark 2000KA FL VPD | . Ct | Change | Addition Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | HAWLEY, CAROL 1227 ADIRON DACK CT APOPKA FL 32712~-~ | | STREET ADDRESS CITY-ST-ZIP | imy Miotti 1101 Ozark (apopka: Fl | 가 32712 | Change | X Addition | |
| TITLE Name Street address City-St-Zip | VTD MEWARD, RICHARD D 1122 OLYMPIC CT APOPKA FL 32712 | ⊠ Delete | NAME STREET ADDRESS CITY-ST-ZIP | rd Lissic Lebu 251 adiron 2001 FL 30 Judet | 90113 | Citaliye | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BONILLA, RAFAEL 1264 HIMILAYAN CT APOPKA FL 32712 | ⊠ Delete | TITLE NAME STREET ADDRESS CHY-ST-ZIP | 3D brenda Arled 1141 Ozark Opopla Fl | Ct | ☐ Change | Addition | |
| TITLE Name Street Address City-St-Zip | D WARD, TRAVERS 1273 HIMILAYAN CT APOPKA FL 32712 | ⊠ Delete | STREET ADDRESS | Lim Mangui 209 Himala 2000ka FL | m yan Ct | ☐ Change | X Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ▶ Delete | TITLE NAME STREET ADDRESS | S like Portilla 1943 Odirona 2000Ke, Fl | iak Ct | Change | Addition Addition | |
| | | | | · · · | | | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.