

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90213 008 ****61.25

DOCUMENT # N93000004742

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3158358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W. J
 SENTRY MANAGEMENT INC.
 2180 WEST SR 434, SUITE 5000
 LONGWOOD FL 32779**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **HUSAR, BARBARA**
 STREET ADDRESS **3826 WEETAMOO CIR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☐ Change ☒ Addition
 NAME **MUXO, DONNA**
 STREET ADDRESS **6811 SASSANON CT**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **TD** ☒ Delete
 NAME **BOODRAM, FRANKIE.**
 STREET ADDRESS **6933 CORAL COVE DR**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **STD** ☐ Change ☒ Addition
 NAME **THRASHER, VERMELLE**
 STREET ADDRESS **7128 MINIPPI DR**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **SD** ☒ Delete
 NAME **WATSON, IRENE**
 STREET ADDRESS **3318 CHICO AVE.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **SYMONDS, EDWARD.**
 STREET ADDRESS **7108 CORAL COVE DR**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 April 2002 **407299-8773**
 Date Daytime Phone #

CR2E037 (9/01)