

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90271 043 ****61.25

DOCUMENT # N97000004671

1. Entity Name

**SPRING RIDGE HOME OWNERS ASSOCIATION INC OF ORAN
 GE COUNTY**

Principal Place of Business

Mailing Address

P O BOX 2272
 APOPKA FL 32704
 US

P O BOX 2272
 APOPKA FL 32704
 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

59-3461569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARLEDGE, BRENDA
 1141 OZARK CT
 APOPKA FL 32712**

Name

Michelle Richardson

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

Spring Ridge HOA

4546 Malik Crescent

City

Orlando

FL

Zip Code
32810

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

Michelle Richardson

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

(NOTE: Registered Agent signature required when reinstating)

4/1/02

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 **LIM-QUEE, ELLIS**
 STREET ADDRESS **1251 ADIRONDACK CT**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **PD** ☒ Change ☐ Addition
 NAME **TOPINKA, CHARLES**
 STREET ADDRESS **1130 OZARK CT**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **VPD** ☐ Delete
 NAME **MANGUM, KIM**
 STREET ADDRESS **1209 HIMALAYAN CT**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **NEUMAN, STEVEN**
 STREET ADDRESS **1100 OZARK CT**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **STD** ☐ Delete
 NAME **ARLEDGE, BRENDA**
 STREET ADDRESS **1141 OZARK CT**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **TD** ☒ Change ☐ Addition
 NAME **KWIGHT, CEDRIC**
 STREET ADDRESS **1120 OZARK CT**
 CITY-ST-ZIP **APOPKA FL 32712**

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

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: *CHARLES TOPINKA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2002

407-355-6693

CR2E037 (9/01)