2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# N93000004742

Entity Name: SILVER RIDGE PHASE IV HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3158358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: JAMES W HART JR 04/05/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MUXO, DONNA
Address: 6811 SASSANON CT.
City-St-Zip: ORLANDO, FL 32818

Title: STD ( ) Delete
Name: THRASHER, VERMELLE
Address: 7128 MINIPPI DR.
City-St-Zip: ORLANDO, FL 32818

Title: VD ( ) Delete
Name: SYMONDS, EDWARD
Address: 7108 CORAL COVE DR
City-St-Zip: ORLANDO, FL 32818

Title: BLCH ( ) Delete
Name: LEE, QUEEN
Address: 3810 WEETAMOO CIRCLE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: SYMONDS, EDWARD
Address: 7108 CORAL COVE DR
City-St-Zip: ORLANDO, FL 32818

Title: D (X) Change ( ) Addition
Name: LEE, QUEEN
Address: 3810 WEETAMOO CIRCLE
City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA MUXO PD 04/05/2004
Electronic Signature of Signing Officer or Director Date