

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004671

FILED
May 06, 2008
Secretary of State

Entity Name: SPRING RIDGE HOME OWNERS ASSOCIATION INC OF ORANGE COUNTY

Current Principal Place of Business:

P O BOX 2272
APOPKA, FL 32704 US

New Principal Place of Business:

C/O ASC PROPERTY SERVICES INC.
3625 SR 419 SUITE 208
WINTER SPRINGS, FL 32708 US

Current Mailing Address:

C/O MICHELLE RICHARDSON
4546 MALIK CRESENT
ORLANDO, FL 32810 US

New Mailing Address:

C/O ASC PROPERTY SERVICES INC.
PO BOX 196025
WINTER SPRINGS, FL 327196025 US

FEI Number: 59-3461569 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RICHARDSON, MICHELLE
SPRING RIDGE HOA
4546 MALIK CRESENT
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

C/O ASC PROPERTY SERVICES INC.
3625 SR 419
SUITE 208
WINTER SPRINGS, FL 32708 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: ED HAYDEN

05/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HESTER, SONYA
Address: 1121 OZARK CRT
City-St-Zip: APOPKA, FL 32712

Title: PD () Delete
Name: CODDINTON, HEATHER
Address: 1140 OZARK CRT
City-St-Zip: APOPKA, FL 32712

Title: VPST (X) Delete
Name: CODDINGTON, W. AMBROSE
Address: 1140 OZARK CT
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HESTER, SONYA
Address: PO BOX 196025
City-St-Zip: WINTER SPRINGS, FL 327196025

Title: D (X) Change () Addition
Name: CODDINTON, HEATHER
Address: PO BOX 196025
City-St-Zip: WINTER SPRINGS, FL 327196025

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ED HAYDEN

MGR

05/06/2008

Electronic Signature of Signing Officer or Director

Date