Entity Name INC.	SILVER RIDGE OF DELAND HOMEOWN	IERS ASSOCIAT	ION,	Secretary of CC999752	
Current Prin	ncipal Place of Business:				
1 RIDGE TRAIL					
ORMOND BEA	CH, FL 32174				
Current Mai	ling Address:				
P.O. BOX 42	257				
ORMOND B	EACH, FL 32175-4257 US				
	/ /-				
			Certificate o	f Status Desired	: No
Name and A	Address of Current Registered Agent:				
	DLLANDER, INC.				
ALBANESE HC					
1 RIDGE TRAIL					
1 RIDGE TRAIL ORMOND BEA	- CH, FL 32174 US				
1 RIDGE TRAIL ORMOND BEA The above name	CH, FL 32174 US d entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both		
1 RIDGE TRAIL ORMOND BEA The above name	- CH, FL 32174 US	registered office or regis	tered agent, or both		
1 RIDGE TRAIL ORMOND BEA The above name	CH, FL 32174 US d entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both		/29/2018 Date
1 RIDGE TRAIL ORMOND BEA The above name	CH, FL 32174 US d entity submits this statement for the purpose of changing its E: ADRIANA ALBANESE Electronic Signature of Registered Agent	registered office or regis	tered agent, or both		
1 RIDGE TRAIL ORMOND BEA The above name SIGNATURE	CH, FL 32174 US d entity submits this statement for the purpose of changing its E: ADRIANA ALBANESE Electronic Signature of Registered Agent	registered office or regis	tered agent, or both		
1 RIDGE TRAIL ORMOND BEA The above named SIGNATURE Officer/Dire	CH, FL 32174 US d entity submits this statement for the purpose of changing its E: ADRIANA ALBANESE Electronic Signature of Registered Agent Ctor Detail :			01	
1 RIDGE TRAIL ORMOND BEA The above name SIGNATURE Officer/Dire Title	CH, FL 32174 US d entity submits this statement for the purpose of changing its E: ADRIANA ALBANESE Electronic Signature of Registered Agent Ctor Detail : P	Title	VP	01	
1 RIDGE TRAIL ORMOND BEA The above named SIGNATURE Officer/Dire Title Name	CH, FL 32174 US d entity submits this statement for the purpose of changing its E ADRIANA ALBANESE Electronic Signature of Registered Agent Ctor Detail : P HOWEY, DORIS P.O. BOX 4257	Title Name	VP PALMERI, TOM P.O.BOX 4257	01	
1 RIDGE TRAIL ORMOND BEA The above named SIGNATURE Officer/Dire Title Name Address	CH, FL 32174 US d entity submits this statement for the purpose of changing its E ADRIANA ALBANESE Electronic Signature of Registered Agent Ctor Detail : P HOWEY, DORIS P.O. BOX 4257	Title Name Address	VP PALMERI, TOM P.O.BOX 4257	01	
1 RIDGE TRAIL ORMOND BEA The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip:	CH, FL 32174 US d entity submits this statement for the purpose of changing its E ADRIANA ALBANESE Electronic Signature of Registered Agent Ctor Detail : P HOWEY, DORIS P.O. BOX 4257 ORMOND BEACH FL 32175-4257	Title Name Address	VP PALMERI, TOM P.O.BOX 4257	01	
1 RIDGE TRAIL ORMOND BEA The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	CH, FL 32174 US d entity submits this statement for the purpose of changing its E ADRIANA ALBANESE Electronic Signature of Registered Agent Ctor Detail : P HOWEY, DORIS P.O. BOX 4257 ORMOND BEACH FL 32175-4257 SECRETARY, TREASURER	Title Name Address	VP PALMERI, TOM P.O.BOX 4257	01	

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005606

I hereby 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 all other like empowered.

SIGNATURE: DORIS HOWEY

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

FILED

Jan 29, 2018