Entity Name INC.	e: SILVER RIDGE OF DELAND HOMEOWN	ERS ASSOCIAT	ION,	Secretary of 883766440	
Current Prin	ncipal Place of Business:				
1 RIDGE TRAIL					
ORMOND BEA	CH, FL 32174				
Current Mai	iling Address:				
P.O. BOX 42	257				
ORMOND B	EACH, FL 32175-4257 US				
	r: 06-1723346		Cortificate of	Status Desired	
			Certificate of	Status Desired	. INU
	Address of Current Registered Agent:				
ALBANESE HC 1 RIDGE TRAIL	DLLANDER, INC.				
	CH, FL 32174 US				
ORMOND BEA	CH, FL 32174 US	egistered office or regis	tered agent, or both, i	in the State of Florida.	
ORMOND BEA		egistered office or regis	tered agent, or both, i		/16/2020
ORMOND BEA	CH, FL 32174 US d entity submits this statement for the purpose of changing its re	egistered office or regis	tered agent, or both, i		/16/2020 Date
ORMOND BEA	CH, FL 32174 US d entity submits this statement for the purpose of changing its re E: ADRIANA ALBANESE Electronic Signature of Registered Agent	egistered office or regis	tered agent, or both, i		
ORMOND BEA The above named SIGNATURE	CH, FL 32174 US d entity submits this statement for the purpose of changing its re E: ADRIANA ALBANESE Electronic Signature of Registered Agent	egistered office or regis	tered agent, or both, i		
ORMOND BEA The above named SIGNATURE Officer/Dire	CH, FL 32174 US d entity submits this statement for the purpose of changing its re E: ADRIANA ALBANESE Electronic Signature of Registered Agent ctor Detail :			02	
ORMOND BEA The above named SIGNATURE Officer/Dire Title	CH, FL 32174 US d entity submits this statement for the purpose of changing its re E ADRIANA ALBANESE Electronic Signature of Registered Agent Ctor Detail : VP	Title	PRESIDENT	02	
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 re E ADRIANA ALBANESE Electronic Signature of Registered Agent Ctor Detail : VP HOWEY, DORIS P.O. BOX 4257	Title Name	PRESIDENT CUNNINGHAM, P.O.BOX 4257	02	
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 re E ADRIANA ALBANESE Electronic Signature of Registered Agent Ctor Detail : VP HOWEY, DORIS P.O. BOX 4257	Title Name Address	PRESIDENT CUNNINGHAM, P.O.BOX 4257	02 JENNIFER	
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 re Electronic Signature of Registered Agent Ctor Detail : VP HOWEY, DORIS P.O. BOX 4257 ORMOND BEACH FL 32175-4257	Title Name Address	PRESIDENT CUNNINGHAM, P.O.BOX 4257	02 JENNIFER	
ORMOND BEA	CH, FL 32174 US d entity submits this statement for the purpose of changing its re E ADRIANA ALBANESE Electronic Signature of Registered Agent Ctor Detail : VP HOWEY, DORIS P.O. BOX 4257 ORMOND BEACH FL 32175-4257 SECRETARY, TREASURER	Title Name Address	PRESIDENT CUNNINGHAM, P.O.BOX 4257	02 JENNIFER	

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: JENNIFER CUNNINGHAM

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Date

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005606

FILED Feb 16, 2020

02/16/2020