

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09092

**FILED**  
**Jun 05, 2020**  
**Secretary of State**  
**9618366250CC**

**Entity Name:** SILVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

TOP NOTCH MANAGEMENT SERVICES  
932 N. MAITLAND AVE. STE A  
MAITLAND, FL 32751

**Current Mailing Address:**

C/O TOP NOTCH MANAGEMENT SERVICES  
932 N. MAITLAND AVE. STE A  
MAITLAND, FL 32751 US

**FEI Number:** 59-2563243

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VINCE, MARILYN  
C/O TOP NOTCH MANAGEMENT SERVICES  
932 N. MAITLAND AVE. STE A  
MAITLAND, FL 32751 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name ESCALANTE, JOE  
Address C/O TOP NOTCH MANAGEMENT SERVICES  
932 N. MAITLAND AVE. STE A  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name MAIR, JUNE  
Address C/O TOP NOTCH MANAGEMENT SERVICES  
932 N. MAITLAND AVE. STE A  
City-State-Zip: MAITLAND FL 32751

Title MANAGER  
Name ROGHELIA, ASHLEY  
Address C/O TOP NOTCH MANAGEMENT SERVICES  
932 N. MAITLAND AVE. STE A  
City-State-Zip: MAITLAND FL 32751

Title PRESIDENT  
Name WARNER, MICHAEL  
Address C/O TOP NOTCH MANAGEMENT SERVICES  
932 N. MAITLAND AVE. STE A  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name PEREZ, REINALDO  
Address C/O TOP NOTCH MANAGEMENT SERVICES  
932 N. MAITLAND AVE. STE A  
City-State-Zip: MAITLAND FL 32751

Title TREASURER  
Name ST CLAIR, RONALD  
Address C/O TOP NOTCH MANAGEMENT SERVICES  
932 N. MAITLAND AVE. STE A  
City-State-Zip: MAITLAND FL 32751

*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:** ASHLEY ROGHELIA

**MANAGER**

**06/05/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date