

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09092

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

Title MANAGER
Name VINCE, MARILYN
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 LEWSI, FAY
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 PRESIDENT
Name WARNER, MICHAEL
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: MARILYN VINCE

MANAGER

07/12/2016

