**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 25, 2017**
**Secretary of State**
**CC8707366304**

DOCUMENT# N97000004671

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

**Current Principal Place of Business:**

760 FLORIDA CENTRAL PKWY
SUITE # 212
LONGWOOD, FL 32750

**Current Mailing Address:**

C/O HARA COMMUNITY 1ST ADVISORS
760 FLORIDA CENTRAL PKWY SUITE # 212
LONGWOOD, FL 32750 US

**FEI Number: 59-3461569**

**Certificate of Status Desired:** No

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

HARA COMMUNITY 1ST ADVISORS
760 FLORIDA CENTRAL PKWY
SUITE # 212
LONGWOOD, FL 32750 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: RICHARD N. MICHAUD 04/25/2017

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PRESIDENT | Title | VP |
| Name | PEREZ, MARITZA | Name | BOUYETT, IRIS L |
| Address | C/O HARA COMMUNITY 1ST ADVISORS<br>760 FLORIDA CENTRAL PKWY SUITE # 212 | Address | C/O HARA COMMUNITY 1ST ADVISORS<br>760 FLORIDA CENTRAL PKWY SUITE # 212 |
| City-State-Zip: | LONGWOOD FL 32750 | City-State-Zip: | LONGWOOD FL 32750 |

*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: MARITZA PEREZ PRESIDENT 04/25/2017

Electronic Signature of Signing Officer/Director Detail — Date