

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719292

FILED
Apr 03, 2005
Secretary of State

Entity Name: SOUTHRIDGE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

740 SOUTH HILL AVE
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

740 SOUTH HILL AVE
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 59-1430648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, CAROLYN TREAS
740 S HILL AVE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: RYAN, DONALD
Address: 812 S HILL AVE
City-St-Zip: DELAND, FL 32724 US

Title: V () Delete
Name: CLYDE, FORD
Address: 740 S HILL AVE
City-St-Zip: DELAND, FL 32724 US

Title: S () Delete
Name: HUDSON, LOIS
Address: 732 S HILL AVE
City-St-Zip: DELAND, FL 32724 US

Title: D () Delete
Name: GINGRAS, BARBARA
Address: 652 S HILL AVE
City-St-Zip: DELAND, FL 32724 US

Title: P () Delete
Name: MCFARLAND, LARRY
Address: 630 SOUTH HILL AVENUE
City-St-Zip: DELAND, FL 32724 US

Title: T () Delete
Name: FORD, CAROLYN
Address: 740 S HILL AVE
City-St-Zip: DELAND, FL 32724 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EBERT, MICHAEL
Address: 632 N HILL AVE
City-St-Zip: DELAND, FL 32724 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROLYN FORD

T

04/03/2005

Electronic Signature of Signing Officer or Director

Date