

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90065 020 ****61.25

DOCUMENT # 719292 1. Entity Name SOUTHRIDGE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 740 SOUTH HILL AVE DELAND, FL 32724 US			Mailing Address 740 SOUTH HILL AVE DELAND, FL 32724 US		
2. Principal Place of Business <i>630 S. Hill Ave</i> Suite, Apt. #, etc.		3. Mailing Address <i>630 South Hill Ave</i> Suite, Apt. #, etc.			
City & State <i>Deland, FL</i> Zip <i>32724</i>		City & State <i>Deland, FL</i> Zip <i>32724</i>		4. FEI Number 59-1430648	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FORD, CAROLYN TREAS 740 S HILL AVE DELAND, FL 32724			7. Name and Address of New Registered Agent Name <i>McFarland, Connie Treasurer</i> Street Address (P.O. Box Number is Not Acceptable) <i>630 S. Hill Ave</i> City <i>Deland</i> FL Zip Code <i>32724</i>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Connie McFarland Treasurer</i> <i>1/15/06</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing.) DATE					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CLYDE, FORD ☒ Delete 740 S HILL AVE DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ☐ Change ☒ Addition <i>McFarland, J Larry</i> <i>630 S Hill Ave</i> <i>Deland, FL 32724</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HUDSON, LOIS ☐ Delete 732 S HILL AVE DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GINGRAS, BARBARA ☐ Delete 852 S HILL AVE DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EBERT, MICHAEL ☐ Delete 632 N HILL AVE DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ☒ Change ☐ Addition <i>EBERT, MICHAEL</i> <i>632 S HILL AVE</i> <i>DELAND, FL 32724</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FORD, CAROLYN ☒ Delete 740 S HILL AVE DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ☐ Change ☒ Addition <i>McFARLAND, CONNIE</i> <i>630 S HILL AVE</i> <i>DELAND, FL 32724</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Change ☒ Addition <i>JAMES, RANEA</i> <i>720 S HILL AVE</i> <i>DELAND, FL 32724</i>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Connie McFarland Treasurer</i> <i>1/15/06</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					