

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90016 014 \*\*\*\*61.25

**DOCUMENT # 719292**

1. Entity Name  
**SOUTHRIDGE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**630 S HILL AVE  
DELAND, FL 32724 US**

Mailing Address  
**630 S HILL AVE  
DELAND, FL 32724 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1430648**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**McFARLAND, CONNIE  
630 S HILL AVE  
DELAND, FL 32724**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Connie McFarland, Treasurer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/6/07*

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 P  
NAME MCFARLAND, LARRY J  
STREET ADDRESS 630 S HILL AVE  
CITY-ST-ZIP DELAND, FL 32724 ☐ Delete

TITLE P  
NAME J. Larry McFarland ☒ Change ☐ Addition  
STREET ADDRESS 630 S. Hill Ave  
CITY-ST-ZIP Deland, FL 32724

TITLE S  
NAME HUDSON, LOIS  
STREET ADDRESS 732 S HILL AVE  
CITY-ST-ZIP DELAND, FL 32724 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME GINGRAS, BARBARA  
STREET ADDRESS 652 S HILL AVE  
CITY-ST-ZIP DELAND, FL 32724 ☒ Delete

TITLE D  
NAME Frederick Birnie  
STREET ADDRESS 822 S. Hill Ave  
CITY-ST-ZIP Deland, FL 32724 ☐ Change ☒ Addition

TITLE V  
NAME EBERT, MICHAEL  
STREET ADDRESS 632 N HILL AVE  
CITY-ST-ZIP DELAND, FL 32724 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME MCFARLAND, CONNIE  
STREET ADDRESS 630 S HILL AVE  
CITY-ST-ZIP DELAND, FL 32724 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME RANEA, JAMES  
STREET ADDRESS 720 S HILL AVE  
CITY-ST-ZIP DELAND, FL 32724 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Connie McFarland, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*386-740  
- 9210*