



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 756408 1. Entity Name SOUTHRIDGE VILLAGE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 15931 S.W. 8TH AVENUE DELRAY BCH, FL 33484	Mailing Address 15931 S.W. 8TH AVENUE DELRAY BCH, FL 33484
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03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2171937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEHAR, ELI
 4309 LIVE OAK BLVD.
 DELRAY BEACH, FL 33445

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEHAR, ELI 15931 S.W. 8TH AVENUE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOLCOMB, JACQUELINE 5928 PEACOCK LANE HOSCHTON, GA 30548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BEHAR, RAYMONDE 15931 S.W. 8TH AVENUE DELRAY BEACH, FL 33484
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 04/23/08-80096-002 61.25

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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: Raymonde Behar **RAYMONDE BEHAR** 4/16/08 561-274-6711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #