

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006781

FILED
Mar 10, 2004
Secretary of State**Entity Name:** SOUTHERN RIDGE HOMEOWNERS ASSOCIATION PINELLAS, IINC.**Current Principal Place of Business:**1834 MELANIE WAY
PALM HARBOR, FL 34683**New Principal Place of Business:**P. O. BOX 1974
PALM HARBOR, FL 34682**Current Mailing Address:**1834 MELANIE WAY
PALM HARBOR, FL 34683**New Mailing Address:**P. O. BOX 1974
PALM HARBOR, FL 34682**FEI Number:** 26-0060068**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PHILLIPS, PHIL
1834 MELANIE WAY
PALM HARBOR, FL 34683 US**Name and Address of New Registered Agent:**CASE, RICHARD
P. O. BOX 1974
PALM HARBOR, FL 34682 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 CASE

03/10/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CILIBERTI, DAVID J
Address: PO BOX 1974
City-St-Zip: PALM HARBOR, FL 34682

Title: DS () Delete
Name: PETERSON, DEBORAH
Address: PO BOX 1974
City-St-Zip: PALM HARBOR, FL 34682

Title: D () Delete
Name: MCKEE, PAULA
Address: PO BOX 1974
City-St-Zip: PALM HARBOR, FL 34682

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CASE, RICHARD
Address: PO BOX 1974
City-St-Zip: PALM HARBOR, FL 34682

Title: DVT (X) Change () Addition
Name: CILIBERTI, COLETTE
Address: PO BOX 1974
City-St-Zip: PALM HARBOR, FL 34682

Title: DS (X) Change () Addition
Name: MCKEE, PAULA
Address: PO BOX 1974
City-St-Zip: PALM HARBOR, FL 34682

Title: D () Change (X) Addition
Name: LUTICH, GEORGE
Address: P. O. BOX 1974
City-St-Zip: PALM HARBOR, FL 34682

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: COLETTE CILIBERTI

DVT

03/10/2004

Electronic Signature of Signing Officer or Director

Date