2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006781

FILED Mar 28, 2005 Secretary of State

Entity Name: SOUTHERN RIDGE HOMEOWNERS ASSOCIATION PINELLAS, IINC.

Current Principal Place of Business: New Principal Place of Business:

P. O. BOX 1974

PALM HARBOR, FL 34682

Current Mailing Address: 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: Name and Address of New Registered Agent:

CASE, RICHARD CILIBERTI, COLETTE P. O. BOX 1974 P. O. BOX 1974

PALM HARBOR, FL 34682 PALM HARBOR, FL 34682 US 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: COLETTE CILIBERTI 03/28/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

CASE, RICHARD CILIBERTI, COLETTE Name: Name:

PO BOX 1974 Address: PO BOX 1974 Address: PALM HARBOR, FL 34682 PALM HARBOR, FL 34682

City-St-Zip: City-St-Zip:

Title: DVT Title: (X) Change () Addition () Delete

CILIBERTI, COLETTE Name: PETERSON, DEBORAH Name: Address: PO BOX 1974 Address: PO BOX 1974

City-St-Zip: PALM HARBOR, FL 34682 City-St-Zip: PALM HARBOR, FL 34682

Title: DS () Delete Title: () Change () Addition

MCKEE, PAULA Name: Name: Address: PO BOX 1974 Address: City-St-Zip: PALM HARBOR, FL 34682 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

Name: LUTICH, GEORGE Name: Address: P. O. BOX 1974 Address: City-St-Zip: PALM HARBOR, FL 34682 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: COLETTE CILIBERTI DP 03/28/2005