

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006781

FILED  
Jan 11, 2009  
Secretary of State

**Entity Name:** SOUTHERN RIDGE HOMEOWNERS ASSOCIATION PINELLAS, IINC.

**Current Principal Place of Business:**

P. O. BOX 1974  
PALM HARBOR, FL 34682

**New Principal Place of Business:**

P. O. BOX 1974  
PALM HARBOR, FL 346821974

**Current Mailing Address:**

P. O. BOX 1974  
PALM HARBOR, FL 34682

**New Mailing Address:**

P. O. BOX 1974  
PALM HARBOR, FL 346821974

**FEI Number:** 26-0060068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CILIBERTI, COLETTE  
P. O. BOX 1974  
PALM HARBOR, FL 34682 US

**Name and Address of New Registered Agent:**

CALABRESE, ROBERT M  
P. O. BOX 1974  
PALM HARBOR, FL 346821974 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: ROBERT M CALABRESE

01/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: DT ( ) Delete  
Name: CALABRESE, ROBERT  
Address: 1881 MELANIE WAY  
City-St-Zip: PALM HARBOR, FL 34683

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: CILIBERTI, DAVID  
Address: PO BOX 1974  
City-St-Zip: PALM HARBOR, FL 346821974

Title: DT (X) Change ( ) Addition  
Name: CALABRESE, ROBERT  
Address: PO BOX 1974  
City-St-Zip: PALM HARBOR, FL 346821974

Title: DS (X) Change ( ) Addition  
Name: MCKEE, PAULA  
Address: PO BOX 1974  
City-St-Zip: PALM HARBOR, FL 346821974

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT M CALABRESE

DT

01/11/2009

Electronic Signature of Signing Officer or Director

Date