


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000008022</b> 1. Entity Name SILVER RIDGE ESTATES NEIGHBORHOOD ASSOCIATION, INC.	
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DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAY 10 PM 12:05

Principal Place of Business 1014 SILVER RIDGE DRIVE TALLAHASSEE, FL 32305-6926	Mailing Address 1014 SILVER RIDGE DRIVE TALLAHASSEE, FL 32305-6926
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2. Principal Place of Business	3. Mailing Address	05102006 Chg-NP CR2E037 (4/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 51-0522992 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

<b>6. Name and Address of Current Registered Agent</b>  HAWKINS, BRENDA H 1014 SILVER RIDGE DRIVE TALLAHASSEE, FL 32305-6926	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD HAWKINS, BRENDA H <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1014 SILVER RIDGE DRIVE	NAME	900075108469
STREET ADDRESS	TALLAHASSEE, FL 323056926	STREET ADDRESS	05/24/06--01003--013 **\$61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD DASSIE, WYLIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1007 SAYERS DRIVE	NAME	
STREET ADDRESS	TALLAHASSEE, FL 32305	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD BELINFANTIE, BETTYE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1014 SAYERS DRIVE	NAME	
STREET ADDRESS	TALLAHASSEE, FL 32305	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S GREEN, MATTIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3400 SUNNYSIDE DRIVE	NAME	
STREET ADDRESS	TALLAHASSEE, FL 32305	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S JOHNSON, BESSIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1009 SAYERS DRIVE	NAME	
STREET ADDRESS	TALLAHASSEE, FL 32305	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T HALL, EDMOND <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1008 SAYERS DRIVE	NAME	
STREET ADDRESS	TALLAHASSEE, FL 32305	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** Brenda H. Hawkins 5/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #