


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N05000007997</b>	
1. Entity Name <b>SUMMIT RIDGE HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business 2925 W STATE RD 434 STE 111 LONGWOOD, FL 32779	Mailing Address 2925 W STATE RD 434 STE 111 LONGWOOD, FL 32779
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**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>56-2546143</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**FREEDMAN, JEROME B**  
 2925 W STATE RD 434, STE 111  
 LONGWOOD, FL 32779

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

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

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

U00000911373  
 05/07/08-80038-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODMAN, BARRY S 2925 W STATE RD 434, STE 111 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FREEDMAN, JEROME B 2925 W STATE RD 434, STE 111 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KNOWLES, LISA A 2925 W STATE RD 434, STE 111 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGHEY, JOANNE 2925 W STATE RD 434, STE 111 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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**  **Jerome B. Freedman, Vice President** 4/8/08 407-865-5849

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