

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007997

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: SUMMIT RIDGE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

2925 W STATE RD 434  
STE 111  
LONGWOOD, FL 32779

## Current Mailing Address:

2925 W STATE RD 434  
STE 111  
LONGWOOD, FL 32779

## New Principal Place of Business:

931 N STATE ROAD 434  
SUITE 1201-359  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

931 N STATE ROAD 434  
SUITE 1201-359  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 56-2546143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GOODMAN, BARRY S  
931 N STATE ROAD 434  
SUITE 1201-359  
ALTAMONTE SPRINGS, FL 32714 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: BARRY S. GOODMAN

03/26/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GOODMAN, BARRY S  
Address: 2925 W STATE RD 434, STE 111  
City-St-Zip: LONGWOOD, FL 32779

Title: DV ( ) Delete  
Name: FREEDMAN, JEROME B  
Address: 2925 W STATE RD 434, STE 111  
City-St-Zip: LONGWOOD, FL 32779

Title: DT ( ) Delete  
Name: KNOWLES, LISA A  
Address: 2925 W STATE RD 434, STE 111  
City-St-Zip: LONGWOOD, FL 32779

Title: S (X) Delete  
Name: HUGHEY, JOANNE  
Address: 2925 W STATE RD 434, STE 111  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GOODMAN, BARRY S  
Address: 931 N STATE ROAD 434 SUITE 1201-359  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DV (X) Change ( ) Addition  
Name: FREEDMAN, JEROME B  
Address: 931 N STATE ROAD 434 SUITE 1201-359  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DTS (X) Change ( ) Addition  
Name: KNOWLES, LISA A  
Address: 931 N STATE ROAD 434 SUITE 1201-359  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARRY S. GOODMAN

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

Date