

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001038

FILED
Jan 26, 2007
Secretary of State

Entity Name: SORREL RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2230 N.W. 10TH STREET
OCALA, FL 34475

New Principal Place of Business:

2166 NW 10TH STREET
OCALA, FL 34475

Current Mailing Address:

2230 N.W. 10TH STREET
OCALA, FL 34475

New Mailing Address:

2166 NW 10TH STREET
OCALA, FL 34475

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURVIN, CARMEN G
2230 N.W. 10TH STREET
OCALA, FL 34475 US

Name and Address of New Registered Agent:

MURVIN, CARMEN G
2166 NW 10TH STREET
OCALA, FL 34475 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: CARMEN G MURVIN

01/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MURVIN, CARMEN
Address: 2230 N.W. 10TH STREET
City-St-Zip: Ocala, FL 34475

Title: VD () Delete
Name: MURVIN, TOM
Address: 2230 N.W. 10TH STREET
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: WYCKOFF, CATHY
Address: 723 NW 30TH AVENUE
City-St-Zip: Ocala, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MURVIN, CARMEN
Address: 2166 NW 10TH STREET
City-St-Zip: Ocala, FL 34475

Title: VD (X) Change () Addition
Name: MURVIN, TOM
Address: 2166 NW 10TH STREET
City-St-Zip: Ocala, FL 34475

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARMEN G MURVIN

PSTD

01/26/2007

Electronic Signature of Signing Officer or Director

Date