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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 29 PM 7:09

DOCUMENT # N06953 (6)

1. Corporation Name

STRAWBERRY RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LILLIAN TYSON 502 STRAWBERRY RIDGE BLVD VALRICO FL 33594 US	C/O LILLIAN TYSON 502 STRAWBERRY RIDGE VALRICO FL 33594 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1985
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2358088 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TYSON, LILLIAN
502 STRAWBERRY RIDGE BLVD
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KASHAVSKY, CHARLES 514 CHOO CHOO LANE VALRICO FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition V BURBEY, CLYDE 414 BOX CAR WAY VALRICO, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V~~ ~~BORN, DON~~ ~~227 TAHO LANE~~ ~~VALRICO FL~~	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition D GILLES, CASS 326 CHOO CHOO LANE VALRICO, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAYWOOD, SYLVIA 412 CABOOSE LANE VALRICO FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition D INGRAM, MONICA 349 TAHO LANE VALRICO, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TYSON, LILLIAN 502 STRAWBERRY RIDGE BLVD VALRICO FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition D BUSHEY, EMILY 404 STRAWBERRY RIDGE BLVD VALRICO FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURBEY, CLYDE 414 BOX CAR WAY VALRICO FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition D BARBELLA, MARGARET 352 STRAWBERRY RIDGE BLVD. VALRICO, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIESER, JIM 513 CHOO CHOO LANE VALRICO FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lillian Tyson LILLIAN TYSON 3-23-95 813-653-9951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #