FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 01/04/1985
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business	2a. Mailing Address
21 C/O JAMES BIESER	26 [redacted] C/O JAMES BIESER
Suite, Apt. #, etc. 22 513 CHOO CHOO LN	Suite, Apt. #, etc. 27 513 CHOO CHOO LN
City & State 23 VALRICO, FL 3	City & State 28 VALRICO FL
Zip / Country 24 33594 / 25 HILLS	Zip / Country 29 33594 / 30 HILLS

4. FEI Number: 59-2358088 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: JAMES BIESER
82 Street Address (P.O. Box Number is Not Acceptable): 513 CHOO CHOO LN
83
84 City: VALRICO FL 85 Zip Code: 33594

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE: James Bieser Treasurer 1-20-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X D BURBEY, CLYDE 414 BOX CAR WAY VALRICO FL	CHANGE ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRES MYERS FLOYD 408 STRAWBERRY RIDGE BL VALRICO FL 33594	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILLES, CASS 326 CHOO CHOO LANE VALRICO FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SEC INGRAM MONICA 349 TAHO LN. VALRICO FL 33594	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VPres HAYWOOD, SYLVIA 412 CABOOSE LANE VALRICO FL	CHANGE ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D KASHAVSKY CHARLES 514 CHOO CHOO LN VALRICO FL 33594	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ D TYSON, LILLIAN 502 STRAWBERRY RIDGE BLVD VALRICO FL	CHANGE ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D BARBELLA PEGGY 352 TAHO LN VALRICO FL 33594	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURBEY CLYDE 414 BOX CAR WAY VALRICO FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D BUSHEY EMILY 404 STRAWBERRY RIDGE BLVD VALRICO FL 33594	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TREAS BIESER, JIM 513 CHOO CHOO LANE VALRICO FL	CHANGE ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: James Bieser Treasurer 1-20-96 813 689 2658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #