

FILE NOW: FILING FEE IS \$61.25 .

FILED

Apr 08 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N06953** (6)  
1. Corporation Name  
**STRAWBERRY RIDGE HOMEOWNERS ASSOCIATION, INC.**



|                                                                |  |                                                                |  |                                                                                                                                                                         |  |
|----------------------------------------------------------------|--|----------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Principal Place of Business                                    |  | Mailing Address                                                |  | 3. Date Incorporated or Qualified                                                                                                                                       |  |
| C/O JAMES BIESER<br>513 CHOO CHOO LN<br>VALRICO FL 33594<br>US |  | C/O JAMES BIESER<br>513 CHOO CHOO LN<br>VALRICO FL 33594<br>US |  | 01/04/1985                                                                                                                                                              |  |
| 2. Principal Place of Business                                 |  | 2a. Mailing Address                                            |  | 4. FEI Number                                                                                                                                                           |  |
| 21 C/O JAMES BIESER                                            |  | 26 C/O JAMES BIESER                                            |  | 59-2358088                                                                                                                                                              |  |
| 22 513 CHOO CHOO LN                                            |  | 27 513 CHOO CHOO LN                                            |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                |  |
| 23 VALRICO FL                                                  |  | 28 VALRICO FL                                                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                             |  |
| 24 33594                                                       |  | 29 33594                                                       |  | 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                          |  |
| 25 HILLS                                                       |  | 30 HILLS                                                       |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                                         |  |                                                                           |  |
|---------------------------------------------------------|--|---------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent         |  | 10. Name and Address of New Registered Agent                              |  |
| BIESER, JAMES<br>513 CHOO CHOO LANE<br>VALRICO FL 33594 |  | 81 Name JAMES BIESER                                                      |  |
|                                                         |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>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 617.0503, Florida Statutes.

SIGNATURE *James Bieser* *Treasurer* DATE 4-3-98  
Signature of and 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                      | D KASHAVSKY, CHARLES<br>514 CHOO CHOO LANE<br>VALRICO FL        | 1.1 TITLE                                             | PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                                                 | 1.2 NAME                                              | MARTIN SULLIVAN                                                                    |
| STREET ADDRESS             |                                                                 | 1.3 STREET ADDRESS                                    | 234 TANO CIRCLE                                                                    |
| CITY-ST-ZIP                | VALRICO FL                                                      | 1.4 CITY-ST-ZIP                                       | VALRICO FL 33594                                                                   |
| TITLE                      | D BARBELLA, PEGGY<br>123 STRAWBERRY RIDGE BLVD.<br>VALRICO FL   | 2.1 TITLE                                             | V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       |                                                                 | 2.2 NAME                                              | BARBARA PHILLIPS                                                                   |
| STREET ADDRESS             |                                                                 | 2.3 STREET ADDRESS                                    | 402 SILVER STREAK LN                                                               |
| CITY-ST-ZIP                | VALRICO FL                                                      | 2.4 CITY-ST-ZIP                                       | VALRICO FL 33594                                                                   |
| TITLE                      | D BUSHNEY, EMILY<br>404 STRAWBERRY RIDGE BLVD.<br>VALRICO FL    | 3.1 TITLE                                             | D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| NAME                       |                                                                 | 3.2 NAME                                              | SYLVIA HAYWOOD                                                                     |
| STREET ADDRESS             |                                                                 | 3.3 STREET ADDRESS                                    | 412 CABOOSE LN                                                                     |
| CITY-ST-ZIP                | VALRICO FL                                                      | 3.4 CITY-ST-ZIP                                       | VALRICO FL 33594                                                                   |
| TITLE                      | D TYSON, LILLIAN<br>502 STRAWBERRY RIDGE BLVD<br>VALRICO FL     | 4.1 TITLE                                             | D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| NAME                       |                                                                 | 4.2 NAME                                              | CAROL TATE                                                                         |
| STREET ADDRESS             |                                                                 | 4.3 STREET ADDRESS                                    | 135 CHOO CHOO LN                                                                   |
| CITY-ST-ZIP                | VALRICO FL                                                      | 4.4 CITY-ST-ZIP                                       | VALRICO FL 33594                                                                   |
| TITLE                      | S INGRAM, MONICA<br>349 TANO LN TANO CIRCLE<br>VALRICO FL 33594 | 5.1 TITLE                                             | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       |                                                                 | 5.2 NAME                                              | LARRY DODD                                                                         |
| STREET ADDRESS             |                                                                 | 5.3 STREET ADDRESS                                    | 113 STRAWBERRY RIDGE RD                                                            |
| CITY-ST-ZIP                | VALRICO FL 33594                                                | 5.4 CITY-ST-ZIP                                       | VALRICO FL 33594                                                                   |
| TITLE                      | T BIESER, JIM<br>513 CHOO CHOO LANE<br>VALRICO FL 33594         | 6.1 TITLE                                             | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       |                                                                 | 6.2 NAME                                              | RALPH FIELD                                                                        |
| STREET ADDRESS             |                                                                 | 6.3 STREET ADDRESS                                    | 236 CHOO CHOO LN                                                                   |
| CITY-ST-ZIP                | VALRICO FL 33594                                                | 6.4 CITY-ST-ZIP                                       | VALRICO FL 33594                                                                   |

14. I hereby certify that the information supplied with this filing 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: *James Bieser* 4-2-98 813 689 2658  
TREASURER

CR2E037 (10/97)