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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06953

1. Corporation Name
STRAWBERRY RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JAMES BIESER 513 CHOO CHOO LN VALRICO FL 33594 US	C/O JAMES BIESER 513 CHOO CHOO LN VALRICO FL 33594 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 01/04/1985

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

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

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

9. Name and Address of Current Registered Agent

BIESER, JAMES
513 CHOO CHOO LANE
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 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 _____ 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	P	☐ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	SULLIVAN, MARTIN		1.2 NAME	PHYLLIS ROUSEY	
STREET ADDRESS	234 TAHO CIRCLE		1.3 STREET ADDRESS	3511 WHISTLE STOP LN	
CITY-ST-ZIP	VALRICO FL 33594		1.4 CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VP	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	PHILLIPS, BARBARA		2.2 NAME	RALPH FIELD	
STREET ADDRESS	402 SILVER STREAK LN		2.3 STREET ADDRESS	236 CHOO CHOO LN	
CITY-ST-ZIP	VALRICO FL 33594		2.4 CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HAYWOOD, SYLVIA		3.2 NAME	LARRY DODD	
STREET ADDRESS	412 CABOOSE LN		3.3 STREET ADDRESS	113 STRAWBERRY RDG BLVD	
CITY-ST-ZIP	VALRICO FL 33594		3.4 CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	TATE, CAORL		4.2 NAME	BARBARA HAASE	
STREET ADDRESS	135 CHOO CHOO LANE		4.3 STREET ADDRESS	641 KLICKETY KLACK LN	
CITY-ST-ZIP	VALRICO FL 33594		4.4 CITY-ST-ZIP	VALRICO FL 33594	
TITLE	S	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	INGRAM, MONICA		5.2 NAME		
STREET ADDRESS	TAHO CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BIESER, JIM		6.2 NAME		
STREET ADDRESS	513 CHOO CHOO LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: James L Bieser VP/Treasurer JAMES L. BIESER 4-14-99 (813) 689 2658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)