2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 21, 2008 8:00 am
Secretary of State
04-16-2008 90018 020 ****61.25

DOCUMENT # N06953

1. Entity Name
STRAWBERRY RIDGE HOMEOWNERS ASSOCIATION, INC.

bb011214

Principal Place of Business	Mailing Address
509 STRAWBERRY RIDGE VALRICO, FL 33594 US	509 STRAWBERRY RIDGE VALRICO, FL 33594 US

04132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOISELLE, NORMAN 509 STRAWBERRY RIDGE BLVD VALRICO, FL 33594	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCADAMS, BRUCE 112 CHOO CHOO LN VALRICO, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOANNA GRIMM 3411 WHISTLE STOP LN VALRICO, FL 33594	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOBB, TERRY 3516 ENGINEER DRIVE VALRICO, FL 33594	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PAUL HEROUT 3568 CRANBERRY KNOLL RD VALRICO, FL 33594	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSHALL, ROBERT 3522 ENGINEER DRIVE VALRICO, FL 33594	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR EDIE BARKS 3603 PETTICOAT JCT VALRICO, FL 33594	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOISELLE, NORMAN 3414 WHISTLE STOP LANE VALRICO, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARIE PRINZIVALLI 716 CHOO CHOO LN VALRICO, FL 33594	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ DIRECTOR BROWN, TERRY 3514 METEOR PLACE VALRICO, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SECRETARY LISA STROPES 3515 WHISTLE STOP LN VALRICO, FL 33594	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JONES, EL 3413 WHISTLE STOP LN VALRICO, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norman Loiselle 5/16/2008 813 404 3234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #