2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2010
Secretary of State

DOCUMENT# N06953

Entity Name: STRAWBERRY RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

509 STRAWBERRY RIDGE
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

509 STRAWBERRY RIDGE
VALRICO, FL 33594 US

New Mailing Address:

FEI Number: 59-2358088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STROPES, LISA
509 STRAWBERRY RIDGE BLVD
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: STROPES, LISA
Address: 3515 WHISLTE STOP LANE
City-St-Zip: VALRICO, FL 33594

Title: VD
Name: FARMER, SAM
Address: 3612 CASEY JONES DR
City-St-Zip: VALRICO, FL 33594

Title: D
Name: GRIMM, JOANNE
Address: 3411 WHISTLE STOP LANE
City-St-Zip: VALRICO, FL 33594

Title: T
Name: MCHENRY, SHARON
Address: 230 CHOO CHOO LANE
City-St-Zip: VALRICO, FL 33594

Title: D
Name: GETTIG, MARGE
Address: 304 TAHO CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: SD
Name: HARGRAVES, KELLY
Address: 266 TAHO CIRCLE
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA M STROPES PD 04/03/2010

Electronic Signature of Signing Officer or Director Date