FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09092 (0)

1. Corporation Name

SILVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1228 BRIDLEBROOK DR CASSELBERRY FL 32718 US	P O BOX 180476 CASSELBERRY FL 32707 US

3. Date Incorporated or Qualified: 05/06/1985
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-2563243 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

HUFF, SANDRA M
1228 BRIDLEBROOK DR
CASSELBERRY FL 32707

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 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE	DP	☒ Change ☐ Addition
NAME	RALPH, CARLTON	12 NAME	GOODMAN, FRANK	
STREET ADDRESS	7609 TELFORD COURT	13 STREET ADDRESS	2825 SILVER RIDGE DR	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	DT	21 TITLE	DVP	☒ Change ☐ Addition
NAME	KING, CLARISSA	22 NAME	BRANCH, SAM	
STREET ADDRESS	2903 SILVER RIDGE DR	23 STREET ADDRESS	2642 SILVER RIDGE DR	
CITY-ST-ZIP	ORLANDO FL 32818	24 CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	VD	31 TITLE	DT	☒ Change ☐ Addition
NAME	OSBORNE, JIM	32 NAME	GARCIA, ED	
STREET ADDRESS	3026 GOLDEN ROCK DR	33 STREET ADDRESS	2962 SILVER RIDGE DR	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	SD	41 TITLE	DS	☒ Change ☐ Addition
NAME	MOORE, MICKEY	42 NAME	OELSCHLAGER, ERIC	
STREET ADDRESS	2817 ST CLAIR COURT	43 STREET ADDRESS	7354 BORDWINE DR	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	KEPLER, RICK	
STREET ADDRESS		53 STREET ADDRESS	2848 DANFORTH DR	
CITY-ST-ZIP		54 CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Edw. Garcia Ed GARCIA 4-26-95 (407) 662-3697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003060