

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09092 (0)

1. Corporation Name

SILVER RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1228 BRIDLEBROOK DR
CASSELBERRY FL 32718
US

P O BOX 180476
DASSELBERRY FL 32707
US

2. Principal Place of Business

2a. Mailing Address

21 52 E. South Street

26 52 E. South Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Orlando, FL

27 City & State
28 Orlando, FL

24 Zip
32801

25 Country
USA

29 Zip
32801

30 Country
USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/06/1985

3a. Date of Last Report
05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

HUFF, SANDRA M
1228 BRIDLEBROOK DR
CASSELBERRY FL 32707

81 Name
Don Asher & Associates, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
52 E. South Street
83
84 City
Orlando

FL 85 Zip Code
32801

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

[Signature]

4/8/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GOODMAN FRANK	
STREET ADDRESS	2825 SILVER RIDGE DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BRANCH, SAM	
STREET ADDRESS	2642 SILVER RIDGE DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GARCIA, ED	
STREET ADDRESS	2962 SILVER RIDGE DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	OELSCHLAGER, ERIC	
STREET ADDRESS	7354 BORDWINE DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEPLER, RICK	
STREET ADDRESS	2848 DANFORTH DR.	
CITY - ST - ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
FRANK GOODMAN

4-10-96 (407) 425-4561
Date Daytime Phone #

CR2E037 (12/95)