

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90132 043 \*\*\*\*61.25

**DOCUMENT # N09092**

1. Corporation Name

**SILVER RIDGE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

52 E SOUTH ST  
ORLANDO FL 32801  
US

Mailing Address

52 E SOUTH ST  
ORLANDO FL 32801  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/06/1985

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

9. Name and Address of Current Registered Agent

**DON ASHER & ASSOCIATES INC**  
**52 E SOUTH ST**  
**ORLANDO FL 32801**

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD**  
**GREENE, JOHNNY**  
**7656 WARDEN DR**  
**ORLANDO FL 32818**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VPD**  
**BRANCH, SAM**  
**2642 SILVER RIDGE DR**  
**ORLANDO FL 32818**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DT**  
**DILLION, CAROL**  
**7720 COLEBROOK DR**  
**ORLANDO FL 32818**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SDT**  
**HARRELL, LINDA**  
**2713 FOXWOOD**  
**ORLANDO FL 32818**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  
**HARRIS, STEWARD**  
**7025 STIDHAM**  
**ORLANDO FL 32818**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

**TD**

**SD**  
**ERIC OELSCHLAGER**  
**7354 Bordwine Drive**  
**Orlando, FL 32818**

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

407-425-4561

Daytime Phone #

CR2E037 (11/98)

0016360