3/31

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
03-31-2002 90344 016 ****61.25

DOCUMENT # N09092

1. Entity Name

SILVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~52 E SOUTH ST~~ ~~ORLANDO FL 32801~~ ~~US~~	~~52 E SOUTH ST~~ ~~ORLANDO FL 32801~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1813 N. DEAN RD.	1813 N. DEAN RD.
Suite, Apt. #, etc. SUITE #103	Suite, Apt. #, etc. SUITE #103
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32817 Country US	Zip 32817 Country US

4. FEI Number ~~59-2503240~~ 59-2643089 ☐ 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
~~DON AGHER & ASSOCIATES INC~~ ~~52 E SOUTH ST~~ ~~ORLANDO FL 32801~~	Name: LAWRENCE M. SHEELER Street Address (P.O. Box Number is Not Acceptable) C/O PENN FIRST MANAGEMENT INC. 1813 N. DEAN RD. #103 City ORLANDO FL Zip Code 32817

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.

SIGNATURE [signature] 3/11/02

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREENE, JOHNNY D 7656 WARDEN DR ORLANDO FL 32818	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BRANCH, SAM D 2642 SILVER RIDGE DR ORLANDO FL 32818	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARRELL, LINDA D 2713 FOXWOOD ORLANDO FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OELSCHLAGER, ERIC D 7354 BORDWINE DR ORLANDO FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President GREENE, TONY D 7505 BORDWINE DR. ORLANDO FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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: [signature] SIGNATURE REQUIRED 2/28/02 (407) 356-0948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #