

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90080 013 ****61.25

DOCUMENT # N09092 1. Entity Name SILVER RIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1813 N. DEAN RD STE 103 ORLANDO, FL 32817 US			Mailing Address 1813 N. DEAN RD STE 103 ORLANDO, FL 32817 US		
Principal Place of Business <i>PennFirst Management/Boyle Management Inc 498 Palm Springs Dr.</i> Suite, Apt. #, etc. 498 Palm Springs Drive Suite 235			3. Mailing Address Suite, Apt. #, etc. 235		
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL		4. FEI Number 59-2563243	
Zip 32701		Country U.S.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENN FIRST MGT., INC 1813 N. DEAN RD #103 ORLANDO, FL 32817				7. Name and Address of New Registered Agent Name <i>James Boyle</i> Street Address (P.O. Box Number is Not Acceptable) 498 Palm Springs Drive, Suite 235 City <i>Altamonte Springs</i> FL Zip Code <i>32701</i>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> DATE <i>4/15/04</i> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENE, TONY 7505 BORDWINE DR. ORLANDO, FL 32818	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emily Person 7361 Bordwine Drive Orlando, FL 32818 Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEINOFF, MATT 7520 STIDHAM DR. ORLANDO, FL 32828	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEROY P. MOSLOW 2665 STALEY CT ORLANDO, FL 32818 Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President LEWSI, FAY 2822 ST. CLAIR CT ORLANDO, FL 32818	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
REC'D _____ VENDOR # _____ ☐ Change ☐ Addition ASSN # _____ MGR _____ DATE _____ ☐ Change ☐ Addition TRANS # _____					
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: <i>[Signature]</i> DATE <i>4/20/04</i> DAYTIME PHONE # <i>407.356.0948</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					