

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90449 038 \*\*\*\*61.25

<b>DOCUMENT # N09092</b> 1. Entity Name SILVER RIDGE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business PENN FIRST MGMT. 498 PALM SPRINGS DRIVE, STE 235 ALTAMONTE SPRINGS, FL 32701 US		Mailing Address PENN FIRST MGMT. 498 PALM SPRINGS DRIVE, STE 235 ALTAMONTE SPRINGS, FL 32701 US	
2. Principal Place of Business <i>Association Property</i> Suite, Apt. #, etc. <i>4026 Bursard Place</i> City & State <i>Orlando, FL</i> Zip <i>32765</i>		3. Mailing Address <i>PMB 345</i> Suite, Apt. #, etc. <i>4250 Airways trail</i> City & State <i>Orlando FL</i> Zip <i>32765</i>	
4. FEI Number 59-2563243		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04252006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent BOYLE, JAMES 498 PALM SPRINGS DRIVE, STE 235 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name <i>Lilly L. Burnside Reliable Property Managers</i> Street Address (P.O. Box Number is Not Acceptable) <i>PMB-345 - 4250 Airways trail</i> Suite <i>212</i> City <i>Orlando</i> FL Zip Code <i>32765</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>Lilly L. Burnside</i> DATE <i>4/27/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEINOFF, MATT 7520 STIDHAM DR. ORLANDO, FL 32828	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEWSI, FAY 2822 ST. CLAIR CT ORLANDO, FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERSON, EMILY 7361 BORDWINE DRIVE ORLANDO, FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSLOW, LEROY P 2665 STALEY CR ORLANDO, FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Leroy Moslow 2665 Stanley Circle Orlando, FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Lyle E. Lewis VP</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/27/06</i> Daytime Phone <i>407-375-2740</i>	

*4/27/06 unbudgeted PK*

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