

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09092

FILED
Apr 29, 2008
Secretary of State

Entity Name: SILVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

TOP NOTCH MANAGEMENT SERVICES
110 N. ORLANDO AVE. STE6
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

110 N. ORLANDO AVE.
6
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-2563243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINCE, MARILYN
110 N. ORLANDO AVE.
6
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GREENE, TONY
Address: 7505 BORDWINE DR.
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: SABADER, YVONNE
Address: 7631 COLEBROOK DR
City-St-Zip: ORLANDO, FL 32828

Title: DVP () Delete
Name: LEWSI, FAY
Address: 2822 ST. CLAIR CT
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: MOSLOW, LEROY
Address: 2665 STANLEY CIR
City-St-Zip: ORLANDO, FL 32868

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GREENE, TONY
Address: 7505 BORDWINE DR.
City-St-Zip: ORLANDO, FL 32818

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: LEWSI, FAY
Address: 2822 ST. CLAIR CT
City-St-Zip: ORLANDO, FL 32818

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MCRAE, SIMON
Address: 7379 BORDWINE DR.
City-St-Zip: ORLANDO, FL 32818

Title: D () Change (X) Addition
Name: MAIR, JUNE
Address: 2926 SILVER RIDGE
City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN VINCE

CAM

04/29/2008

Electronic Signature of Signing Officer or Director

Date