2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N09092

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:	D	( ) 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:	DP	( ) 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:	VP	( ) Delete
Name:	MCRAE, SIMON	
Address:	7379 BORDWINE DR.	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	MAIR, JUNE	
Address:	2926 SILVER RIDGE	
City-St-Zip:	ORLANDO, FL 32818	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 04/11/2009

Electronic Signature of Signing Officer or Director — Date