2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# N20435

Entity Name: SOUTHRIDGE HOMEOWNERS' ASSOCIATION OF ORANGE COUNTY, INC.

Current Principal Place of Business:

PO BOX 616902
ORLANDO, FL 328616902 US

New Principal Place of Business:

6535 CHANTRY STREET
ORLANDO, FL 32835 US

Current Mailing Address:

PO BOX 616902
ORLANDO, FL 328616902 US

New Mailing Address:

FEI Number: 59-2866777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NATT, AMANDA M
2578 LANCASTER CT
APOPKA, FL 32703 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: PD ( ) Delete
Name: CAMPBELL, LYNN
Address: 6535 CHANTRY ST
City-St-Zip: ORLANDO, FL 32835

Title: V ( ) Delete
Name: GOLDMAN, KARL
Address: 31 GRAND JUNCTION BLVD
City-St-Zip: ORLANDO, FL 32835

Title: S ( ) Delete
Name: JACKSON, FABIAN
Address: 161 COOPER CT
City-St-Zip: ORLANDO, FL 32835

Title: MAL ( ) Delete
Name: WILLIAMS, MARY
Address: 6567 CHANTRY ST
City-St-Zip: ORLANDO, FL 32835

Title: T ( ) Delete
Name: WILLIAMS, ERIKA
Address: 6637 CHANTY ST
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: FABIAN, JACKSON
Address: 161 COOPER CT
City-St-Zip: ORLANDO, FL 32835

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 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: LYNN CAMPBELL PD 02/20/2007
Electronic Signature of Signing Officer or Director — Date