

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26873

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: SEQUOYAH RIDGE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

C/O STEVEN B CALLAHAM  
HAINES CITY, FL 33844

## New Principal Place of Business:

121 RAINTREE CT  
AUBURNDALE, FL 33823

## Current Mailing Address:

2823 SEQUOYAH DRIVE  
HAINES CITY, FL 33844

## New Mailing Address:

PO BOX 95  
AUBURNDALE, FL 33823

FEI Number: 59-2927831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALLAHAM, STEVEN B  
2823 SEQUOYAH DRIVE  
HAINES CITY, FL 33844 US

## Name and Address of New Registered Agent:

BURMAN, DAVID L  
121 RAINTREE CT  
AUBURNDALE, FL 33823 US

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: DAVID L BURMAN

01/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CALLAHAM, STEVEN B  
Address: 2823 SEQUOYAH DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: VP ( ) Delete  
Name: BAKER, MARK  
Address: 2805 SEQUOYAH DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: S ( ) Delete  
Name: MILLER, THERESA  
Address: 2995 CHICKASAW DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: T (X) Delete  
Name: BAKER, SHEILA  
Address: 2805 SEQUOYAH DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Delete  
Name: WHITE, DEBRA  
Address: 2832 SEQUOYAH DR.  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BLACK, WILLIAM  
Address: 2920 CHICKASAW DR  
City-St-Zip: HAINES CITY, FL 33844

Title: VP (X) Change ( ) Addition  
Name: WHITE, DEBORAH  
Address: 2832 SEQUOYAH DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: S (X) Change ( ) Addition  
Name: CARTER, PAUL  
Address: 2821 CHICKASAW DR  
City-St-Zip: HAINES CITY, FL 33844

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: DAVID L BURMAN

RA

01/21/2009

Electronic Signature of Signing Officer or Director

Date