
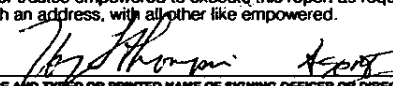


ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90041 013 ****61.25

DOCUMENT # N46291 1. Entity Name SILVER RIDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 33832 SABAL WAY LEESBURG, FL 34788 US			Mailing Address 33832 SABAL WAY LEESBURG, FL 34788 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMPSON, HARRY 33832 SABAL WAY LEESBURG, FL 34788				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, HARRY		NAME		
STREET ADDRESS	33832 SABAL WAY		STREET ADDRESS		
CITY - ST - ZIP	LEESBURG, FL		CITY - ST - ZIP		
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODLEY, NED		NAME	JENNIE TROESCH	
STREET ADDRESS	33926 VALENCIA DRIVE		STREET ADDRESS	33926 SABALWAY	
CITY - ST - ZIP	LEESBURG, FL 34788		CITY - ST - ZIP	LEESBURG FL 34788	
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEANE, TARA		NAME	JOHN SPATH	
STREET ADDRESS	33732 SABAL WAY		STREET ADDRESS	33935 SABALWAY	
CITY - ST - ZIP	LEESBURG, FL 34788		CITY - ST - ZIP	LEESBURG FL 34788	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			(352) 360-0876		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		