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Jun 09 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 9 700000 4671

1. Corporation Name  
SPRING RIDGE HOME OWNERS ASSOCIATION INC OF ORANGE COUNTY

Principal Place of Business Mailing Address  
PO BOX 2272  
APOKA FL 32704

3. Date Incorporated or Qualified  
AUG 18, 1997

4. FEI Number  
59-3461569

Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
JOSE A MERCADO  
1817 HINDLAYAN CT  
APOKA FL 32712

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and to whom applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE D PRESIDENT ☐ DELETE  
NAME JOSE A MERCADO  
STREET ADDRESS 1817 HINDLAYAN CT  
CITY-ST-ZIP APOKA FL 32712  
TITLE D VICE PRESIDENT ☐ DELETE  
NAME CHERYL PERK  
STREET ADDRESS 1142 OLYMPIC CT APOKA FL 32712  
CITY-ST-ZIP  
TITLE D SECRETARY ☐ DELETE  
NAME TANGELIA MILLEN  
STREET ADDRESS 1142 OLYMPIC CT APOKA FL 32712  
CITY-ST-ZIP  
TITLE D BOARD OF DIRECTOR ☐ DELETE  
NAME RAFAEL BANILLA  
STREET ADDRESS 1264 HINDLAYAN CT  
CITY-ST-ZIP APOKA FL 32712  
TITLE TREASURER ☐ DELETE  
NAME RICHARD D MCNARD  
STREET ADDRESS 1142 OLYMPIC CT  
CITY-ST-ZIP APOKA FL 32712  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RICHARD D MCNARD 5-7-98 407-880-6864

CR2E037 (10/97)