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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 97000004671

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

Principal Place of Business

Mailing Address
PO BOX 2272
APOPKA FL 32704

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	AUG 18, 1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3461569 / ☐ Applied For ☒ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JOSE A MERCADO
1217 HIMALAYAN CT
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name RICHARD D MENARD
82 Street Address (P.O. Box Number is Not Acceptable) 1122 OLYMPIC CT
83
84 City APOPKA FL 85 Zip Code 32712

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] TREASURER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOSE A MERCADO		1.2 NAME		
STREET ADDRESS	1217 HIMALAYAN CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	CHERYL PEER		2.2 NAME		
STREET ADDRESS	1142 OLYMPIC CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	FANGEHA MILTON		3.2 NAME	CAROL HAWLEY	
STREET ADDRESS	1102 OLYMPIC CT		3.3 STREET ADDRESS	1227 ADIRONDACK CT	
CITY-ST-ZIP	APOPKA FL 32712		3.4 CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAFAEL BONILLA		4.2 NAME		
STREET ADDRESS	1264 HIMALAYAN CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	V/T/D	☒ Change ☐ Addition
NAME	RICHARD D MENARD		5.2 NAME		
STREET ADDRESS	1122 OLYMPIC CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	TRAVERS WARD	
STREET ADDRESS			6.3 STREET ADDRESS	1273 HIMALAYAN CT	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	APOPKA FL 32712	

CR2E037 (11/98)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] RICHARD D MENARD 9-15-99 407-880-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #