

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90034 011 ****61.25

DOCUMENT # N97000004671

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



Principal Place of Business
P O BOX 2272
APOPKA, FL 32704 US

Mailing Address
C/O MICHELLE RICHARDSON
4546 MALIK CRESENT
ORLANDO, FL 32810 US

94047630



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02292004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3461569

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, MICHELLE
SPRING RIDGE HOA
4546 MALIK CRESENT
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KNIGHT, CEDRIC
STREET ADDRESS 1120 OZARK COURT
CITY-ST-ZIP APOPKA, FL 32712

TITLE VPD ☐ Delete
NAME WILSON, DAVID
STREET ADDRESS 1101 OZARK COURT
CITY-ST-ZIP APOPKA, FL 32712

TITLE S ☒ Delete
NAME COLMAN, AMY
STREET ADDRESS 1120 OZARK COURT
CITY-ST-ZIP APOPKA, FL 32712

TITLE TD ☐ Delete
NAME KELLY, SIDNEY
STREET ADDRESS 1142 OLYMPIC COURT
CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Cedric Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

407-464-0401