

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90149 038 ****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**



01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HESTER, SONIA Sonya
STREET ADDRESS	1120 OZARK COURT
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	PVP
NAME	WILSON, DAVID Sameer Datto
STREET ADDRESS	1101 OZARK COURT
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	S/T
NAME	DIAMONCO, LUCIANA Heather Coddington
STREET ADDRESS	1141 OZARK CT
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Sonya L. Hester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Date

407-886-8238

Daytime Phone #