


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90031 002 \*\*\*\*61.25

<b>DOCUMENT # N97000004671 -</b> 1. Entity Name <b>SPRING RIDGE HOME OWNERS ASSOCIATION INC OF ORANGE COUNTY</b>					
Principal Place of Business <b>P O BOX 4386</b> <b>APOPKA, FL 32704 US</b>			Mailing Address <b>C/O MICHELLE RICHARDSON</b> <b>4546 MALIK CRESENT</b> <b>ORLANDO, FL 32810 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3461569</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RICHARDSON, MICHELLE</b> <b>SPRING RIDGE HOA</b> <b>4546 MALIK CRESENT</b> <b>ORLANDO, FL 32810</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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 re/instating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HESTER, SONYA</b>		NAME	<b>Sonya Hester</b>	
STREET ADDRESS	<b>1121 OZARK CRT</b>		STREET ADDRESS	<b>1121 Ozark Ct.</b>	
CITY-ST-ZIP	<b>APOPKA, FL 32712</b>		CITY-ST-ZIP	<b>Apopka, FL 32712</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DATOO, SAMEER</b>		NAME		
STREET ADDRESS	<b>1130 OZARK CRT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>APOPKA, FL 32712</b>		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CODDINTON, HEATHER</b>		NAME	<b>Heather Coddington</b>	
STREET ADDRESS	<b>1140 OZARK CRT</b>		STREET ADDRESS	<b>1140 Ozark Ct.</b>	
CITY-ST-ZIP	<b>APOPKA, FL 32712</b>		CITY-ST-ZIP	<b>Apopka, FL 32712</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	VP + ST D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>W. Ambrose Coddington</b>	
STREET ADDRESS			STREET ADDRESS	<b>1140 Ozark Ct.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Apopka, FL 32712</b>	
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.					
<b>SIGNATURE: <u>Heather Coddington</u> <u>Heather Coddington</u> <u>3-5-07</u> <u>321-256-0499</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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4. FEI Number 59-3461569 Applied For Not Applicable

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

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
 D Sonya Hester 1121 Ozark Ct. Apopka, FL 32712  
 VP + ST D W. Ambrose Coddington 1140 Ozark Ct. Apopka, FL 32712