

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90386 047 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TOPINKA, CHARLES	
STREET ADDRESS	1130 OZARK CT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NEUMAN, STEVEN	
STREET ADDRESS	1100 OZARK CT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KNIGHT, CEDRIC	
STREET ADDRESS	1120 OZARK CT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cedric Knight	
STREET ADDRESS	1120 Ozark Ct	
CITY-ST-ZIP	Apopka FL 32712	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Wilson	
STREET ADDRESS	1101 Ozark Ct	
CITY-ST-ZIP	Apopka FL 32712	
TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Colman	
STREET ADDRESS	Ozark Ct	
CITY-ST-ZIP	Apopka FL 32712	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sindey Kelly	
STREET ADDRESS	1142 Olympic Ct	
CITY-ST-ZIP	Apopka FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/03

CR2E037 (10/02)