2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2025
Secretary of State
3942313627CC

DOCUMENT# N02000001181

Entity Name: FAWN RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1000 PINE HOLLOW POINT
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1000 PINE HOLLOW POINT
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 04-3656469

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPECIALTY MANAGEMENT COMPANY OF CENTRAL FLORIDA
1000 PINE HOLLOW POINT
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: BRETT M JORDAN 03/13/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	PAGAN, ELUID
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	PRESIDENT
Name	GRIMM, HARRY
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	POLLAR-BANKS, SHEILA
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	RUA, FELIXANDER
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	SECRETARY
Name	SANCHEZ, ADELAIDA
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	CLEAVENGER, CINDY
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	NIEVES, DAMON
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	GRAZIANO, MICHAEL
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRETT M JORDAN MANAGER 03/13/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ERDMAN, JACKIE
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	MANAGER
Name	SPECIALTY MANAGEMENT COMPANY OF CENTRAL FLORIDA
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714