

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06953

Entity Name: STRAWBERRY RIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**509 STRAWBERRY RIDGE BLVD
VALRICO, FL 33594**Current Mailing Address:**509 STRAWBERRY RIDGE BLVD
VALRICO, FL 33594 US**FEI Number: 59-2358088****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCMAHON, MAZIE ANN
638 KCLICKETY KLAK LANE
VALRICO, FL 33594 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: MAZIE ANN MCMAHON****03/30/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HURLEY, SHARON S
Address 3503 ENGINEER DRIVE
City-State-Zip: VALRICO FL 33594

Title VICE-PRESIDENT
Name COSTOSO, DOLORES
Address 117 STRAWBERRY JUNCTION LANE
City-State-Zip: VALRICO FL 33594

Title SECRETARY
Name MCMAHON, MAZIE ANN
Address 638 KCLICKETY KLAK LANE
City-State-Zip: VALRICO FL 33594

Title TREASURER
Name PANELLA , ROSE
Address 405 KCLICKETY KLAK LANE
City-State-Zip: VALRICO FL 33594

Title DIRECTOR
Name HERSH, MARGIE
Address 304 CHOO CHOO LANE
City-State-Zip: VALRICO FL 33594

Title DIRECTOR
Name GARDNER, PAUL
Address 3522 ENGINEER DRIVE
City-State-Zip: VALRICO FL 33594

Title DIRECTOR
Name BECK, KATHY
Address 115 STRAWBERRY JUNCTION LANE
City-State-Zip: VALRICO FL 33594

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: MAZIE ANN MCMAHON**SECRETARY****03/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date