

2018 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:**BOWERS, DIANNA
3517 BERRY BEND RD
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:** DIANNA BOWERS

04/09/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VICE-PRESIDENT
Name BARBELLA, GERARD
Address 117 STRAWBERRY RIDGE BLVD
City-State-Zip: VALRICO FL 33594

Title SECRETARY
Name BOWERS, DIANNA
Address 3517 BERRY BEND RD
City-State-Zip: VALRICO FL 33594

Title TREASURER
Name AMBROSE , SUSAN
Address 3602 CINDERS DR
City-State-Zip: VALRICO FL 33594

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

Title DIRECTOR
Name PITMAN, CAROL
Address 402 COAST LINE
City-State-Zip: VALRICO FL 33594

Title DIRECTOR
Name OLANTUNJI, PRINCE A
Address 3611 CINDER DR
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: DIANNA BOWERS**SECRETARY**

04/09/2018

Electronic Signature of Signing Officer/Director Detail

Date