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.

PRESIDENT

#### SIGNATURE: MARITZA PEREZ

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR P	ROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N97000004671

Entity Name: SPRING RIDGE HOME OWNERS ASSOCIATION INC OF ORANGE COUNTY

#### Current Principal Place of Business:

C/O HMI 760 FLORIDA CENTRAL PKWY SUITE #200 LONGWOOD, FL 32750

## **Current Mailing Address:**

C/O HMI 760 FLORIDA CENTRAL PKWY SUITE #200 LONGWOOD, FL 32750 US

## FEI Number: 59-3461569

# Name and Address of Current Registered Agent:

HMI C/O HMI 760 FLORIDA CENTRAL PKWY SUITE #200 LONGWOOD, FL 32750 US FILED Mar 08, 2023 Secretary of State 7848703383CC

Certificate of Status Desired: No

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		03/08/2023	
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	PRESIDENT	Title	SECRETARY
Name	PEREZ, MARITZA	Name	GONZALEZ, BELINDA
Address	C/O HMI 760 FLORIDA CENTRAL PKWY SUITE #200	Address	C/O HMI 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750