| 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

| <u>2024</u> | FLORIDA | NOT FOR | PROFIT | CORPOR/ | ATION AN | NUAL | <u>REPORT</u> |
|-------------|---------|---------|--------|---------|----------|------|---------------|

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

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.

| | , | J | j | |
|-----------------|---|-----------------|---|--|
| SIGNATURE | LORIE FULKES | 02/19/2 | 02/19/2024 | |
| | Electronic Signature of Registered Agent | Date | 3 | |
| Officer/Direc | tor 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 | |

FILED Feb 19, 2024 Secretary of State 5086954476CC

Certificate of Status Desired: No

02/19/2024 Date