

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-29-2005 90254 032 ****61.25

FILED
N04000003920
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N04000003920					
1. Entity Name OAK RIDGE EQUINE CENTER PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 4625 NW 110TH AVENUE OCALA, FL 34482			Mailing Address 4625 NW 110TH AVENUE OCALA, FL 34482		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
4. FEI Number 20-3109211				Applied For Not Applicable	
04112005 Chg-NP				CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NELSON, ROBERT 4625 NW 110TH AVENUE OCALA, FL 34482			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KONTOGIANNIS, TOMMY		NAME		
STREET ADDRESS	1 CROSS ISLAND PLAZA, SUITE LL6		STREET ADDRESS		
CITY-ST-ZIP	ROSEDALE, NY 11422		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KONTOGIANNIS, TOMMY		NAME		
STREET ADDRESS	1 CROSS ISLAND PLAZA, SUITE LL6		STREET ADDRESS		
CITY-ST-ZIP	ROSEDALE, NY 11422		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, ROBERT		NAME		
STREET ADDRESS	4625 NW 110TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/10/05	
				Daytime Phone #	