


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000003920

1. Entity Name
OAK RIDGE EQUINE CENTER PROPERTY OWNERS' ASSOCIATION, INC.



SECRET
 DIVISION

06 OCT 16 PM 2:48

Principal Place of Business
 4625 NW 110TH AVENUE
 OCALA, FL 34482

Mailing Address
 4625 NW 110TH AVENUE
 OCALA, FL 34482

REINSTATEMENT 06

2. Principal Place of Business
3090 SE 148th TERRACE

3. Mailing Address
3090 SE 148th TERRACE

Suite, Apt. #, etc.



10062006 REIN-NP CR2E099 (11/05)

City & State
MORRISTON, FLORIDA

City & State
MORRISTON, FLORIDA

Zip
32668

Country
LEVY

4. FEI Number
 20-3109211

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NELSON, ROBERT
 4625 NW 110TH AVENUE
 OCALA, FL 34482

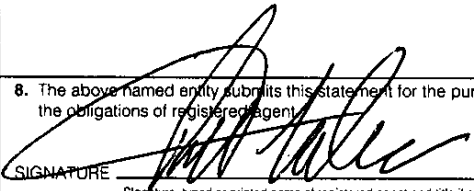
7. Name and Address of New Registered Agent

Name **ROBERT NELSON**

Street Address (P.O. Box Number is Not Acceptable)
16787 NW HIGHWAY 464B

City **MORRISTON** FL Zip Code **32668**

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.

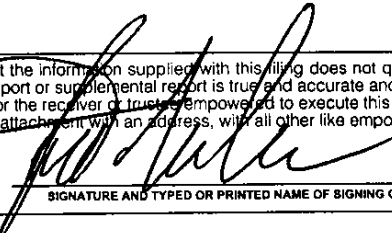
SIGNATURE  DATE **10/17/06**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD KONTOGIANNIS, TOMMY	<input checked="" type="checkbox"/> Delete	TITLE	P DIAZ, JUVENAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1 CROSS ISLAND PLAZA, SUITE LL6		STREET ADDRESS	3201 SW 58th Street	
CITY-ST-ZIP	ROSEDALE, NY 11422		CITY-ST-ZIP	OCALA, FLORIDA 34474	
TITLE	SD KONTOGIANNIS, TOMMY	<input checked="" type="checkbox"/> Delete	TITLE	ST FULLER, RICHARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1 CROSS ISLAND PLAZA, SUITE LL6		STREET ADDRESS	3851 SE 148th TERRACE	
CITY-ST-ZIP	ROSEDALE, NY 11422		CITY-ST-ZIP	MORRISTON, FLORIDA 32668	
TITLE	VPD NELSON, ROBERT	<input type="checkbox"/> Delete	TITLE	VPD NELSON, ROBERT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4625 NW 110TH AVENUE		STREET ADDRESS	16787 NW HIGHWAY 464B	
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP	MORRISTON, FLORIDA 32668	
TITLE		<input type="checkbox"/> Delete	TITLE	D NELSON, Timothy A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	16787 NW HIGHWAY 464B	
CITY-ST-ZIP			CITY-ST-ZIP	MORRISTON, FLORIDA 32668	
TITLE		<input type="checkbox"/> Delete	TITLE	D SIERRA, RUBEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	4011 BLUE GRASS LANE	
CITY-ST-ZIP			CITY-ST-ZIP	DAVIE, FLORIDA 33330	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	000080882470	
CITY-ST-ZIP			CITY-ST-ZIP	10/16/06--01052--013 **\$61.25	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE **10/17/06** DAYTIME PHONE # **352 579-0808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR