


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90020 044 \*\*\*\*61.25

**DOCUMENT # N04000003920**

1. Entity Name  
**OAK RIDGE LAND OWNERS ASSOCIATION, INC.**



Principal Place of Business  
 3090 S.E. 148TH TERRACE  
 MORRISTON, FL 32668

Mailing Address  
 3090 S.E. 148TH TERRACE  
 MORRISTON, FL 32668

40033301



2. Principal Place of Business - No P.O. Box #  
**16787 NW HIGHWAY 464B**

3. Mailing Address  
**16787 NW HIGHWAY 464B**

State, Apt. #, etc. Suite, Apt. #, etc.

03122007 Chg-NP CR2E037 (12/06)

City & State  
**MORRISTON FL**

City & State  
**MORRISTON FL**

Zip  
**32668**

Country  
**USA**

Zip  
**32668**

Country

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**  
**16787 N.W. HIGHWAY 464B**  
**MORRISTON, FL 32668**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, JUVENAL	NAME	
STREET ADDRESS	3201 S.W. 58TH STREET	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34474	CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, RICHARD	NAME	
STREET ADDRESS	3851 S.E. 148TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MORRISTON, FL 32668	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, ROBERT	NAME	<b>TD MICHAEL YATES</b>
STREET ADDRESS	16787 N.W. HIGHWAY 464B	STREET ADDRESS	<b>15455 W HWY 326</b>
CITY-ST-ZIP	MORRISTON, FL 32668	CITY-ST-ZIP	<b>MORRISTON, FL 32668</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, TIMOTHY A	NAME	<b>SD</b>
STREET ADDRESS	16787 N.W. HIGHWAY 464B	STREET ADDRESS	
CITY-ST-ZIP	MORRISTON, FL 32668	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, RUBEN	NAME	<b>PRESIDENT D</b>
STREET ADDRESS	4011 BLUEGRASS LANE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33330	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	

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: *Timothy A. Nelson* Secretary 3/13/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #