	ing Address.			
P.O. BOX 59				
TALLAHASS	SEE, FL 32314			
FEI Number: 38-3726970			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
PETERSON, JO 4509 DESLIN O TALLAHASSEE				
The above named	l entity submits this statement for the purpose of changing its i	registered office or regis	tered agent, or both, in the State of Fl	orida.
SIGNATURE	: JONATHAN PETERSON			04/06/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Р	Title	VP	
Name	PETERSON, JONATHAN F	Name	JENKINS PYE, CONNIE	
Address	P. O. BOX 5963	Address	P. O. BOX 5963	
City-State-Zip:	TALLAHASSEE FL 32314	City-State-Zip:	TALLAHASSEE FL 32314	
Title	TREASURER	Title	DIRECTOR	
Name	LOCK, CACYNTHIA	Name	CLARK, MITCHELL	
Address	P. O. BOX 5963	Address	P. O. BOX 5963	
City-State-Zip:	TALLAHASSEE FL 32314	City-State-Zip:	TALLAHASSEE FL 32314	
Title	DIRECTOR	Title	SECRETARY	
Name	YOUNG, BRENDA	Name	LANIER, ERIN	
Address	P. O. BOX 5963	Address	P.O. BOX 5963	
City-State-Zip:	TALLAHASSEE FL 32314	City-State-Zip:	TALLAHASSEE FL 32314	

# **Current Mailing Address:**

# 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.

#### SIGNATURE: JONATHAN PETERSON

Electronic Signature of Signing Officer/Director Detail

# PRESIDENT

#### 04/06/2022

Date

FILED Apr 06, 2022 Secretary of State 3940213858CC

# 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400006351

## Entity Name: OAK RIDGE PLACE HOMEOWNERS ASSOCIATION, INC.

# **Current Principal Place of Business:**

4509 DESLIN COURT TALLAHASSEE. FL 32305