


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000006351 1. Entity Name OAK RIDGE PLACE HOMEOWNERS ASSOCIATION, INC.	
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FILED

06 APR 24 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4309 KIMMER ROWE LANE TALLAHASSEE, FL 32309	Mailing Address 4309 KIMMER ROWE LANE TALLAHASSEE, FL 32309
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2. Principal Place of Business 4584 DESLIN DR.	3. Mailing Address 4584 DESLIN DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04232006 Chg-NP CR2E037 (11/05)

City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL	4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32305	Country USA	Zip 32305	Country USA

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

6. Name and Address of Current Registered Agent DESILETS, JOHN R 4309 KIMMER ROWE LANE TALLAHASSEE, FL 32309	7. Name and Address of New Registered Agent Name: MOKWENYE, VINCENT N Street Address (P.O. Box Number is Not Acceptable): 4584 DESLIN DRIVE City: TALLAHASSEE, FL 32305 State: FL Zip Code:
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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: VINCENT MOKWENYE, TREASURER DATE: 4/17/06

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

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D DESILETS, JOHN R 4309 KIMMER ROWE LANE TALLAHASSEE, FL 32309	TITLE	PTD BETHANY FINN 4519 DESLIN DR. TALLAHASSEE, FL 32305
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D DESILETS, LINDA L 4309 KIMMER ROWE LANE TALLAHASSEE, FL 32309	TITLE	VP ALBERT WINN 4522 DESLIN COURT TALLAHASSEE, FL 32305
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D DESILETS, MICHAEL E 4309 KIMMER ROWE LANE TALLAHASSEE, FL 32309	TITLE	S/D DENA RATLIFF 4580 DESLIN DR. TALLAHASSEE, FL 32305
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	T VINCENT MOKWENYE 4584 DESLIN DR. TALLAHASSEE, FL 32305
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Vincent Mokwene VINCENT MOKWENYE DATE: 4/17/06 (850)942-4487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #