

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006351

FILED  
Jul 04, 2007  
Secretary of State

Entity Name: OAK RIDGE PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4584 DESLIN DR  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

4584 DESLIN DR  
TALLAHASSEE, FL 32305

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MOKWENYE, VINCENT N  
4584 DESLIN DR  
TALLAHASSEE, FL 32305 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FINN, BETHANY  
Address: 4519 DESLIN DR  
City-St-Zip: TALLAHASSEE, FL 32305

Title: VD ( ) Delete  
Name: WINN, ALBERT  
Address: 4522 DESLIN COURT  
City-St-Zip: TALLAHASSEE, FL 32305

Title: SD ( ) Delete  
Name: RATLIFF, DENA  
Address: 4580 DESLIN DR  
City-St-Zip: TALLAHASSEE, FL 32305

Title: T ( ) Delete  
Name: MOKWENYE, VINCENT  
Address: 4584 DESLIN DR  
City-St-Zip: TALLAHASSEE, FL 32305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DENA, RATLIFF  
Address: 4580 DESLIN DR  
City-St-Zip: TALLAHASSEE, FL 32305

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: GANT, CASSANDRA  
Address: 4513 DESLIN CT  
City-St-Zip: TALLAHASSEE, FL 32305

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VINCENT MOKWENYE

T

07/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date