## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2008 8:00 am Secretary of State

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DOCUMENT # N0700006285  1. Entity Name OAKRIDGE OWNERS ASSOCIATION, INC.								1		3 90013 018		
Principal Place of Business 2806 W US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055  Mailing Address 2806 W US HIGHWAY 90 SUIT LAKE CITY, FL 32055						101		. *			٠	
Principal Place of Business - No P.O. Box #     Mailing Addr								<u> </u>			11201 10101 101	
				27 E. Howard St.								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03282008	Chg-NP	CR2E037	(12/06)	
City & State				City & State				4. FEI Number		·····	Αp	plied For
Live Oak, FL			Line Oux, FL					90-53	118J	১	No	t Applicable
Zip		Country	Zip			intry		5. Certificate of	Status Desired		8.75 Add	
3.500		and Address of Current I	320		- 2 <u>u</u>	MOVI	M. A	7. Name and Ad	Idress of Nev			<u> </u>
	O. Hame	and Address of Garrens	togistore.	, rigoni		Name	<u>.</u>		$\overline{}$			
CRAPPS, DANIEL						Street Address (P.O. Box Number is Nat Acceptable)						
2806 W US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055						133	E.	Howard	51 15 Accepte			
E III CIII	.,. 2 020											
						City	1	201		FL	-Zip Code	<del>-</del>
6 The channel of the							716	rad agent, or both	io the State of		OSC William	VV
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. ‡ am familiar with, and accept the obligations of registered agent.												
SIGNATURE .	Sleent as Augus		and take of exacts	nable (t	NOTE: Basistara	# Acest alcost		Lubos seinelelum		DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE												-
Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Fig.  Trust Fund Contribution						_		\$5.00 May Be Added to Fees	F	Make check ( lorida Departn	-	
10.		OFFICERS AND DIF	ECTORS 11.					ADDITIONS/CHAN	GES TO OFFI	CERS AND DIRE	CTORS IN	10
TITLE	DP ·			Delete	TITL	E	DB	_			Change	Addition
NAME	CRAPPS, DANIEL			NAME			Ror	onald D. Pople				
STREET ADDRESS 2806 W US HIGHWAY 90 SUITE 10							DDRESS 127 E. Howard St.  ZIP Live Oak, FL 32064					
CITY-ST-ZIP						-ST-ZIP	<u> </u>	r box br	<u>, 3300 d</u>			
TITLE NAME	DVP	MASTON		🔼 Delete	TiTLI Nam						Change	☐ Addition
STREET ADDRESS	CRAPPS, MASTON ss   2806 W US HIGHWAY 90 SUITE 101				4	et address						
CITY-ST-ZIP	LAKE CITY, FL 32055					-ST-ZIP						,
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STREET ADDRESS	1	JS HIGHWAY 90 SUITE	101			EET ADDRESS '-ST-ZIP						
CITY-ST-ZIP	LAKE CIT	TY, FL 32055			<b> </b>							Addition
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	طه ومطف کانسمہ	e information supplied with	this filing o	does not qualify	ofor the exe	emptions o	ontained	Lin Chapter 119, F	lorida Statutes	<ul> <li>I further certify</li> </ul>	that the in	formation

12. Thereby certain that the information supplied with this lainty does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08

Daytime Phone #