
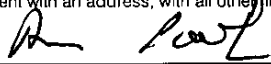


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

03-31-2008 90013 018 \*\*\*\*61.25

DOCUMENT # N07000006285			
1. Entity Name OAKRIDGE OWNERS ASSOCIATION, INC.			
Principal Place of Business 2806 W US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055		Mailing Address 2806 W US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055	
2. Principal Place of Business - No P.O. Box # 127 E. Howard St.		3. Mailing Address 127 E. Howard St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Live Oak, FL		City & State Live Oak, FL	
4. FEI Number 26-2217873		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32064	Country Suzanne	Zip 32064	Country Suzanne
6. Name and Address of Current Registered Agent CRAPPS, DANIEL 2806 W US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name: Ronald D. Poole Street Address (P.O. Box Number is Not Acceptable): 127 E. Howard St. City: Live Oak FL Zip Code: 32064	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRAPPS, DANIEL 2806 W US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ronald D. Poole 127 E. Howard St. Live Oak, FL 32064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CRAPPS, MASTON 2806 W US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HICKS, VERA L 2806 W US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		Date: 3/28/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	