

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35346

**Entity Name:** OAK RIDGE ESTATES COMBINED PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 10, 2015**  
**Secretary of State**  
**CC5700161173**

**Current Principal Place of Business:**

42 KELLY RIDGE ROAD  
FROSTPROOF, FL 33843

**Current Mailing Address:**

PO BOX 1014  
FROSTPROOF, FL 33843 US

**FEI Number: 80-0766791**

**Certificate of Status Desired: Yes**

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

BALIKOWSKY, OLEG  
42 KELLY RIDGE ROAD  
FROSTPROOF, FL 33843 US

*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

**Officer/Director Detail :**

Title PD  
Name BALIKOWSKY, OLEG  
Address 42 KELLY RIDGE ROAD  
City-State-Zip: FROSTPROOF FL 33843

Title VPD  
Name ASHMAN, JEFFREY  
Address 1007 DAWES ROAD  
City-State-Zip: FROSTPROOF FL 33843

Title TD  
Name THOMPSON, DELORES  
Address 1007 DAWES ROAD  
City-State-Zip: FROSTPROOF FL 33843

Title SD  
Name BALIKOWSKY, CHRISTINA  
Address 42 KELLY RIDGE ROAD  
City-State-Zip: FROSTPROOF FL 33843

Title D  
Name MARSHALL, ELLEN  
Address 645 FAZZINI DR  
City-State-Zip: FROSTPROOF FL 33843

*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: DELORES YVONNE THOMPSON**

**TREASURER**

**04/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date