

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35346

**FILED**  
**Jan 31, 2019**  
**Secretary of State**  
**2896929926CC**

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

**Current Principal Place of Business:**

148 ALDERMAN LANE  
FROSTPROOF, FL 33843

**Current Mailing Address:**

PO BOX 1014  
FROSTPROOF, FL 33843 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

PLETCHER, LAURA D  
148 ALDERMAN LANE  
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: LAURA D. PLETCHER**

**01/31/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FEBLES, ARMANDO  
Address 685 FAZZINI DR  
City-State-Zip: FROSTPROOF FL 33843

Title VPD  
Name MARSHALL, CHARLES C  
Address P.O. BOX 1041  
City-State-Zip: FROSTPROOF FL 33843

Title TD  
Name PLETCHER, LAURA D  
Address 148 ALDERMAN LANE  
City-State-Zip: FROSTPROOF FL 33843

Title SD  
Name PLETCHER, LAURA D  
Address 148 ALDERMAN LANE  
City-State-Zip: FROSTPROOF FL 33843

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

Title DIRECTOR  
Name CARDENAS, ROGELIO  
Address 3210 STANLEY AVE  
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: LAURA PLETCHER**

**TREASURER**

**01/31/2019**

Electronic Signature of Signing Officer/Director Detail

Date