

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35346** (8)

1. Corporation Name
OAK RIDGE ESTATES COMBINED PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: **19 HAMMONS RD FROSTPROOF FL 33843 US**
Mailing Address: **19 HAMMONS RD FROSTPROOF FL 33843 US**

3. Date Incorporated or Qualified: **11/27/1989**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	24	25
		29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
COFER, KEITH B. 19 HAMMONS RD FROSTPROOF FL 33843		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFER, KEITH B.	12 NAME	
STREET ADDRESS	19 HAMMONS RD	13 STREET ADDRESS	
CITY - ST - ZIP	FROSTPROOF FL	14 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, HAROLD R.	22 NAME	
STREET ADDRESS	735 FAZZINI DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	FROSTPROOF FL	24 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, GLENDA H.	32 NAME	
STREET ADDRESS	94 FARRER DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	FROSTPROOF FL	34 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFER, SANDRA L.	42 NAME	
STREET ADDRESS	19 HAMMONS RD	43 STREET ADDRESS	
CITY - ST - ZIP	FROSTPROOF FL	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Keith B. Cofer **KEITH B. COFER** Date: 1/17/96 Daytime Phone #: 941-635-2438

CR2E037 (12/95)