

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 21 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35346 (8)**  
 1. Corporation Name  
**OAK RIDGE ESTATES COMBINED PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>19 HAMMONS RD FROSTPROOF FL 33843 US</b>	Mailing Address <b>19 HAMMONS RD FROSTPROOF FL 33843-9712 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/27/1989</b>	3a. Date of Last Report <b>01/25/1996</b>
21 Suite, Apt. #, etc.	26	27	28	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	23	24 Zip	25 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
26	27	28	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
30	31	32	33	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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	<b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COFER, KEITH B.</b>		1.2 NAME		
STREET ADDRESS	<b>19 HAMMONS RD</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FROSTPROOF FL</b>		1.4 CITY-ST-ZIP		
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TUCKER, HAROLD R.</b>		2.2 NAME	<b>Redford, George</b>	
STREET ADDRESS	<b>735 FAZZINI DRIVE</b>		2.3 STREET ADDRESS	<b>32 Garcia Ln.</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>		2.4 CITY-ST-ZIP	<b>FROST PROOF, FL.</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELLIS, GLENDA H.</b>		3.2 NAME	<b>Miller, Edgar M.</b>	
STREET ADDRESS	<b>94 FARRER DRIVE</b>		3.3 STREET ADDRESS	<b>21 HAMMONS Rd</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>		3.4 CITY-ST-ZIP	<b>FROST PROOF, FL.</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COFER, SANDRA L.</b>		4.2 NAME		
STREET ADDRESS	<b>19 HAMMONS RD</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FROSTPROOF FL</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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**-06/04/97--01091--027**  
**\*\*\*61.25**  
*CS*  
*5/21/97*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)