


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 19 HAMMONS RD FROSTPROOF FL 33843 US		Mailing Address 19 HAMMONS RD FROSTPROOF FL 33843 US	
21	2a	22	2b
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
23	24	25	26
Zip	Country	Zip	Country

3. Date Incorporated or Qualified
11/27/1989

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**COFER, KEITH B.
19 HAMMONS RD
FROSTPROOF FL 33843**

10. Name and Address of New Registered Agent

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	COFER, KEITH B.	
STREET ADDRESS	19 HAMMONS RD	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	RADFOED, GEORGE	
STREET ADDRESS	32 GARCIA LANE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, EDGAR M	
STREET ADDRESS	21 HAMMONS RD	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COFER, SANDRA L.	
STREET ADDRESS	19 HAMMONS RD	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Radford
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Ronald Farrer
5.3 STREET ADDRESS	FARRER
5.4 CITY-ST-ZIP	FROST PROOF, FL.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Keith B. Cofer* 4/27/98 941 635 2438

CPRE037 (10/97)