

**2001 UNIFORM BUSINESS REPORT (UBR)**

2.

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90230 021 \*\*\*\*61.25

**DOCUMENT # N35346**

1. Entity Name

**OAK RIDGE ESTATES COMBINED PROPERTY OWNERS' ASSO** ✓

Principal Place of Business

19 HAMMONS RD  
 FROSTPROOF FL 33843  
 US

Mailing Address

19 HAMMONS RD  
 FROSTPROOF FL 33843  
 US

*changed*

2. Principal Place of Business

87 Farrer Road  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 484  
 Suite, Apt. #, etc.

City & State

Frostproof, FL

Zip  
 33843

Country  
 POLK

City & State

Frostproof FL

Zip  
 33843

Country  
 POLK

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COFER, KEITH B.  
 19 HAMMONS RD  
 FROSTPROOF FL 33843

*changed*

7. Name and Address of New Registered Agent

Name: Janice Farrer

Street Address (P.O. Box Number is Not Acceptable)

87 Farrer Road

City: Frostproof

FL

Zip Code  
 33843

8. 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

*Janice Farrer*

Janice Farrer

02-01-01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	COFER, KEITH B.	
STREET ADDRESS	19 HAMMONS RD	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RONALD FARRER	
STREET ADDRESS	FARRER	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MILLER, EDGAR M	
STREET ADDRESS	21 HAMMONS RD	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	S	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janice Farrer	
STREET ADDRESS	87 Farrer Road	
CITY-ST-ZIP	Frostproof FL 33843	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry Ware	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasure	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cindy Wingfield	
STREET ADDRESS	89 Farrer Rd	
CITY-ST-ZIP	Frostproof FL 33843	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cindy Wingfield	
STREET ADDRESS	89 Farrer Road	
CITY-ST-ZIP	Frostproof FL 33843	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Marshall	
STREET ADDRESS	645 Fazzini Dr.	
CITY-ST-ZIP	Frostproof FL 33843	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Koplichak	
STREET ADDRESS	32 Garcia Ln.	
CITY-ST-ZIP	Frostproof FL 33843	

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cynthia Wingfield*

02-01-01

863 635 4084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #