

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

1/1

01-13-2003 90402 016 ****61.25

DOCUMENT # N35797

1. Entity Name

OAKRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCIATION, INC.



00000400

Principal Place of Business P.O. BOX 476 HOLDER FL 34445 US	Mailing Address P.O. BOX 476 HOLDER FL 34445 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3006599	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ANDERSON, JACK L
15 W. BLUE SAGE CT.
BEVERLY HILLS FL 34465**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KINGDOM, AURGON	
STREET ADDRESS	118 W. HONEY PALM LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, JACK L	
STREET ADDRESS	15 W. BLUE SAGE CT.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, THOMAS	
STREET ADDRESS	6160 N WHITE PALM WAY	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JUNGLES, HARLAN	
STREET ADDRESS	6129 N WHISPERING OAK LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPATUZZI, MARY A	
STREET ADDRESS	6175 N. MISTY OAK TERRACE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, BRIAN D	
STREET ADDRESS	6202 N. MISTY OAK TERRACE	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACKENZIE, DORTHEA D	
STREET ADDRESS	6326 N. MISTY OAK TERRACE	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, THOMAS D	
STREET ADDRESS	6160 N. WHITE PALM WAY	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANAMAN, EUGENE D	
STREET ADDRESS	6175 N. WHITE PALM WAY	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: THOMAS D GREEN **RE THOMAS D GREEN** **7 JAN 02** **352 489-7304**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)