


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90086 020 ****61.25

DOCUMENT # N35797

1. Entity Name
OAKRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 476
 HOLDER, FL 34445 US**

Mailing Address
**P.O. BOX 476
 HOLDER, FL 34445 US**

24003003



01062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
6055 WHISPERING OAKS LOOP

3. Mailing Address
 Suite, Apt. #, etc. City & State
 Suite, Apt. #, etc. City & State

City & State
BEVERLY HILLS, FL

City & State

Zip
34465 Country
US

Zip Country

4. FEI Number
59-3006599 Applied For
 Not Applicable

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

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, BRIAN D 6202 N. MISTY OAK TERRACE BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELIZABETH DAVIS 91 W. FOREST OAK PL BEVERLY HILLS, FL 34465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACKENZIE, DORTHEA D 6326 N. MISTY OAK TERRACE BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT AYLEWARD, CAROLE 25 W. OAK BRANCH CT BEVERLY HILLS, FL 34465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, THOMAS D 6160 N WHITE PALM WAY BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ANDERSON, JACK I. 15 W. BLUE SAGE CT. BEVERLY HILLS, FL 34465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANAMAN, EUGENE D 6175 N. WHITE PALM WAY BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TURCO, HEINZ 88 W. HONEY PALM LP BEVERLY HILLS, FL 34465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPATUZZI, MARY A 6175 N. MISTY OAK TERRACE BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-DIRECTOR ALLISON, KING 118 W. HONEY PALM LP. BEVERLY HILLS, FL 34465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JACK I. ANDERSON (352) 465-1548
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #