## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: \_

## FILED Apr 13, 2005 8:00 am Secretary of State 04-13-2005 90057 042 \*\*\*\*61.25

DOCUMENT # N35/9/  1. Entity Name OAKRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCIATION, INC.									4-13-2003	90037 042	01	25	
6055 WHISPERING OAKS LOOP				Mailing Address P.O. BOX 476 HOLDER, FL 34445 US									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04052005 C	hg-NP	CR2E037 (	10/03)		
City & State			City & State					4. FEI Number 59-300659	9		Applied For Not Applicable		
Zip	Country		Zi	Zip		Country					3.75 Additional		
6. Name and Address of Current F				ed Agent				7. Name and Address of New Registered Agent					
ANDERSON, JACK L						Name							
15 W. BLUE SAGE CT. BEVERLY HILLS, FL 34465					Street Address (P.O. Box Number is Not Acceptable)								
	. بر		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 .	SIGNATURE												
	e is \$61.25 May 1, 2005	paign F ontribut	Financing tion. [		\$5.00 May Be Added to Fees		ake check pa ida Departme						
10.	<del></del>	OFFICERS AND DIE	RECTORS		11.		P	ADDITIONS/CHANG	ES TO OFFICE	RS AND DIREC	TORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	91 W. FO	LIZABETH REST OAK PL / HILLS, FL 34465		☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AYLEWAI 25 W. OA	RD, CAROLE K BRANCH CT / HILLS, FL 34465		☐ Delete	TITLI NAM STRE	E .					Change	Addition	
_TITLE	T					E	Τ				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	15 W. BLI	ON, JACK I UE SAGE CT. / HILLS, FL 34465		1. *	•	EET ADDRESS '- ST-ZIP	611	EEN, THOOK BON. WHIT VERLY HIL	e Pack U	۹۷ ۲			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I	HEINZ INEY PALM LP I HILLS, FL 34465		Delete	46	I .	DU 62	FF4 , JAME T4 N WHISP WERLY HIS	ERING O	□ A <b>= L</b> 000 P	Change	Addition	
TITLE NAME STREET ADDRESS	SD KING, ALI 88 W. HO	LISON INEY PALM LP		<b>⊠</b> Detete	NAM , STRE	E NE EET ADDRESS	D Hou 626	UARO, BRII DZ N MIST	AN 4 O AK 7		Change	<b>⊠</b> Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DEVERLY	YHILLS, FL 34465		☐ Delete -	TITLI NAM STRE	IE Eet address	© <u>€</u>	VERLY HIL	LS, FL		Change	Addition	
12. I hereby indicated of the cor	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.												

THOME STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DELLER 4-7-05 352 489-7304