
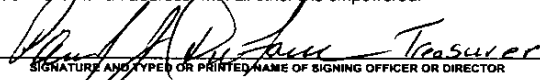


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90015 020 ****61.25

DOCUMENT # N35797					
1. Entity Name OAKRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCIATION, INC.					
Principal Place of Business 6055 WHISPERING OAKS LOOP BEVERLY HILLS, FL 34465 US			Mailing Address P.O. BOX 476 HOLDER, FL 34445 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUFOR, PAUL J 26 W BLUE SAGE CT BEVERLY HILLS, FL 34465			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, LIZ		NAME		
STREET ADDRESS	91 W FOREST OAK PL		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAUDICINA, JOANNA		NAME		
STREET ADDRESS	362 OAK BRANCH CT		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUFOR, PAUL		NAME	T DUFOR, PAUL	
STREET ADDRESS	26W BLUE SAGE CT		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORNDOFF, CHRISTINE		NAME		
STREET ADDRESS	24 W OAK BRANCH CT		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACKENZIE, DOROTHEA		NAME		
STREET ADDRESS	6326 N MISTY OAK TER		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 I am empowered.					
SIGNATURE: 		Date: 3/9/08		Daytime Phone #: 352-489-6984	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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03092008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3006599 Applied For Not Applicable

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