

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35797 (2)
 1. Corporation 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
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3. Date Incorporated or Qualified 12/26/1989	Applied For Not Applicable
4. FEI Number 59-3006599	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HOWARD, BRIAN
6202 N. MISTY OAK TERRACE
BEVERLY HILLS FL 34465

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **Pres.** DATE: **4-22-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, BRIAN	1.2 NAME	
STREET ADDRESS	6202 N. MISTY OAK TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, JACK I	2.2 NAME	HERMANSON, ROBERT W.
STREET ADDRESS	6148 N. WHITE PALM WAY	2.3 STREET ADDRESS	6170 N. WHISPERING OAK LOOP
CITY-ST-ZIP	BEVERLY HILLS FL 34465	2.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRINKHOUSE, BEVERLY	3.2 NAME	DRINKHOUSE, BEVERLY
STREET ADDRESS	6148 N. WHITE PALM WAY	3.3 STREET ADDRESS	6148 N. WHITE PALM WAY
CITY-ST-ZIP	BEVERLY HILLS FL 34465	3.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNER, JOHN	4.2 NAME	
STREET ADDRESS	94 W. HONEY PALM LOOP	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARVIS, DARRELL	5.2 NAME	DAVIS, CHARLES
STREET ADDRESS	77 W. FOREST OAK PLACE	5.3 STREET ADDRESS	6315 N. MISTY OAK TERRACE
CITY-ST-ZIP	BEVERLY HILLS FL 34465	5.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT W. HERMANSON** **Treas.** DATE: **4-22-98** **352-489-0728**

CP2E037 (10/97)