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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90063 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35797

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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 350775 - 90063 - 7 5 *



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	3. Date Incorporated or Qualified 12/26/1989	4. FEI Number 59-3006599	Applied For Not Applicable
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		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOWARD, BRIAN	
STREET ADDRESS	6202 N. MISTY OAK TERRACE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HERMANSON, ROBERT W	
STREET ADDRESS	6170 N WHISPERING OAK LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DRINKHOUSE, BEVERLY	
STREET ADDRESS	6148 N WHITE PALM WAY	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHNIER, JOHN	
STREET ADDRESS	94 W. HONEY PALM LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, CHARLES	
STREET ADDRESS	6315 N MISTY OAK TERR	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GLEED, JAMES	
1.3 STREET ADDRESS	27 W. BLUE SAGE COURT	
1.4 CITY-ST-ZIP	BEVERLY HILLS, FL. 34465	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVIS, BETTY	
2.3 STREET ADDRESS	6315 N. MISTY OAK TERR	
2.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HENKEL, LOUISE	
3.3 STREET ADDRESS	6279 N. WHISPERING OAK LOOP	
3.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/12/99 DAYTIME PHONE #: 352-489-0728

CR2E037 (11/98)