

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90090 009 ****61.25

0079358

DOCUMENT # N35797

1. Entity Name

OAKRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCI

Principal Place of Business

Mailing Address

P.O. BOX 476
 HOLDER FL 34445
 US

P.O. BOX 476
 HOLDER FL 34445
 US

00003992



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3006599

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, JACK L
15 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	TREBON, ARTHUR	76 W. HONEY PALM LOOP	BEVERLY HILLS FL 34465	<input type="checkbox"/>
T	ANDERSON, JACK L	15 W. BLUE SAGE CT.	BEVERLY HILLS FL 34465	<input type="checkbox"/>
D	GLEED, JAMES	27 W BLUE SAGE CT	BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/>
D	TAYLOR, DUANE	6165 N. WHISPERING OAKLOOP	BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/>
D	MACKENZIE, DOROTHEA	6326 N. MISTY OAK TERRANCE	BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	THOMAS GREEN	6160 N WHITE PALM WAY	BEVERLY HILLS, FL 34465	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	HARLAND JUNGLES	6129 N WHISPERING OAK LOOP	BEVERLY HILLS, FL 34465	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	HEINZ THROO	78 W. HONEY PALM LOOP	BEVERLY HILLS, FL 34465	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 L. Anderson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2001 352 465-1548
 Date Daytime Phone #

CR2E037 (10/00)