

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90022 037 ****61.25

DOCUMENT # N35797

1. Entity Name

OAKRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 476
 HOLDER FL 34445
 US

P.O. BOX 476
 HOLDER FL 34445
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3006599

Applied For

Not Applicable

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	P	<input checked="" type="checkbox"/> Delete
NAME	TREBON, ARTHUR	
STREET ADDRESS	76 W. HONEY PALM LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, JACK L	
STREET ADDRESS	15 W. BLUE SAGE CT.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, THOMAS	
STREET ADDRESS	6160 N WHITE PALM WAY	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUNGLES, HARLAND	
STREET ADDRESS	6129 N WHISPERING OAK LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THROO, HEINZ	
STREET ADDRESS	88 W HONEY PALM LOOP	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINGDON ALISON	
STREET ADDRESS	118 W. HONEY PALM LOOP	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ANN SPATUZZI	
STREET ADDRESS	6075 N. MISTY OAK TERRACE	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	JUNGLES, HARLAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM GUNDERMAN	
STREET ADDRESS	6109 MISTY OAK TERRACE	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1-8-02

Date

352 465-1548

Daytime Phone #

CR2E037 (9/01)