

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -8 AM 11:59

DOCUMENT # 766203

1. Corporation Name
OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
2214 OVERVIEW DR
NEW PORT RICHEY FL 34655
US
1741 BLACKROCK CT
NEW PORT RICHEY, FL
34655
US

Mailing Address
2214 OVERVIEW DR
NEW PORT RICHEY FL 34655
US
1741 BLACKROCK CT.
NEW PORT RICHEY, FL.
34655
US



21	2. Principal Place of Business 1741 BLACKROCK CT	22	2a. Mailing Address 1741 BLACKROCK CT	23	3. Date Incorporated or Qualified 12/20/1982
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	24	4. FEI Number 59-2254976
23	City & State New Port Richey, FL	28	City & State New Port Richey, FL	25	5. Certificate of Status Desired <input type="checkbox"/>
24	Zip 34655	29	Zip 34655	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
25	Country USA	30	Country USA	27	Applied For Not Applicable
26		31		28	\$8.75 Additional Fee Required
27		32		29	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LINES, DOUGALS A 6508 CORONET DR NEW PORT RICHEY FL 34655	FREDERICK RYDZIK 1741 BLACKROCK CT NEW PORT RICHEY, FL 34655	10. Name and Address of New Registered Agent 81 Name FREDERICK RYDZIK 82 Street Address (P.O. Box Number is Not Acceptable) 1741 BLACKROCK COURT 83 84 City NEW PORT RICHEY FL 85 Zip Code 34655
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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 FREDERICK RYDZIK FREDERICK RYDZIK 9/24/99
Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	RYDZIK, FRED	1.1 TITLE BOARD OF DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1741 BLACKROCK CT		1.2 NAME FAITH WIKSTEN	
CITY-ST-ZIP NEW PORT RICHEY FL 34655	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 6433 SWEET GUM DR	
TITLE D	AGGETT, JIM	1.4 CITY-ST-ZIP NEW PORT RICHEY, FL, 34655	
STREET ADDRESS 6602 WINDING BROOK DR		2.1 TITLE VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NEW PORT RICHEY FL 34655	<input type="checkbox"/> DELETE	2.2 NAME DON VAN VOORHIS	
TITLE P	LINES, DOUG	2.3 STREET ADDRESS 1604 BELLTOWER	
STREET ADDRESS 6505 CORONET DR		2.4 CITY-ST-ZIP NEW PORT RICHEY, FL, 34655	
CITY-ST-ZIP NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> DELETE	3.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	GROGAN, MAGGIE	3.2 NAME FRED RYDZIK	
STREET ADDRESS 2110 OVERVIEW DR		3.3 STREET ADDRESS 1741 BLACKROCK CT.	
CITY-ST-ZIP NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP NEW PORT RICHEY, FL, 34655	
TITLE D	GROGAN, MAGGIE	4.1 TITLE BOARD OF DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6351 WINDING BROOK DR		4.2 NAME LISA DEPEW	
CITY-ST-ZIP NEW PORT RICHEY FL 34655	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS 6500 GOVERNORS DR	
TITLE D	TRUBIA, LEN	4.4 CITY-ST-ZIP NEW PORT RICHEY, FL, 34655	
STREET ADDRESS 2033 ACADEMY CT		5.1 TITLE BOARD OF DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> DELETE	5.2 NAME JIM AGETT	
		5.3 STREET ADDRESS 6602 WINDING BROOK DR	
		5.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655	
		6.1 TITLE BOARD OF DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME MAGGIE GROGAN	
		6.3 STREET ADDRESS 6351 WINDING BROOK DR	
		6.4 CITY-ST-ZIP NEW PORT RICHEY, FL, 34655	

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: FREDERICK RYDZIK 9-24-99 727,372-8905
4-25-99 727-376-8231

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