

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766203

FILED
Apr 26, 2006
Secretary of State

Entity Name: OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6446 ARBOR DRIVE
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3584
HOLIDAY, FL 34690 US

New Mailing Address:

FEI Number: 59-2254976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMUNDSON, KAREN H
6446 ARBOR DRIVE
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMUNDSON, GARY
Address: 6446 ARBOR DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: HOPPER, ROGER
Address: 1805 PEPPERELL
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP () Delete
Name: NOBLE, DANIEL
Address: 6321 RIDGE TOP DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: NOBLE, DENISE
Address: 6321 RIDGE TOP DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: LAUX, WARREN
Address: 6524 CORONET DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: AGETT, JAMES
Address: 6602 WINDING BROOK DR
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN H. AMUNDSON

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date