


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90059 035 ****61.25

0016037

DOCUMENT # 766203
1. Entity Name
OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1741 BLACKROCK COURT
NEW PORT RICHEY FL 34655
US**

Mailing Address
**1741 BLACKROCK COURT
NEW PORT RICHEY FL 34655
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2254976** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**RYDZIK, FREDERICK
1741 BLACKROCK COURT
NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *F. Rydzik* DATE **7-21-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P RYDZIK, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	1741 BLACKROCK CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE NAME	D BOSELLI, ALDO	<input type="checkbox"/> Delete
STREET ADDRESS	1960 OVERVIEW DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE NAME	D AMUNDSON, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	6446 ARBOR DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE NAME	VP VAN VOORHIS, DON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1604 BELLTOWER	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE NAME	D MOBLEY, DEBORAH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6818 MORNING SUN CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DIRECTOR JEFFREY FONTAINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2225 AMITY CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE NAME	VICE PRESIDENT MOBLEY, DEBORAH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6818 MORNING SUN CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE NAME	DIRECTOR JAMES AGETT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6602 WINDING BROOK DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	

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: *SIGNATURE REQUIRED* DATE: **7-21-03**

CR2E037 (4/03)