


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000001627

1. Entity Name
OAKRIDGE DEVELOPMENT COMPANY OF ILLINOIS



Principal Place of Business
**2200 N. HUNTINGTON DRIVE
 ALGONQUIN, IL 60102**

Mailing Address
**2200 N. HUNTINGTON DRIVE
 ALGONQUIN, IL 60102**

DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4161112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**URBANCIC, GREGORY L
 C/O GOODLETTE, COLEMAN & JOHNSON, P.A.
 4001 TAMiami TRAIL, N., STE. 300
 NAPLES, FL 34103**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDBLOM, JOANNE M 10 GREEN PASTURES LANE ALGONQUIN, IL 60102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SCHWARTZ, TIMOTHY L 1 CIRCLE DRIVE ALGONQUIN, IL 60102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UD0000935732
 05/23/08-80083-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: Timothy L. Schwartz 4/29/08 847-854-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #