

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000006351

1. Entity Name
OAK RIDGE PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
4309 KIMMER ROWE LANE
TALLAHASSEE, FL 32309

Mailing Address
4309 KIMMER ROWE LANE
TALLAHASSEE, FL 32309

2. Principal Place of Business

4584 DESLIN DR.

3. Mailing Address

4584 DESLIN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip 32305 Country USA

Zip 32305 Country USA

04232006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DESILETS, JOHN R
4309 KIMMER ROWE LANE
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name MOKWENYE, VINCENT N

Street Address (P.O. Box Number is Not Acceptable)
4584 DESLIN DRIVE

TALLAHASSEE, FL 32305

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 VINCENT MOKWENYE, TREASURER

4/17/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 D
NAME DESILETS, JOHN R
STREET ADDRESS 4309 KIMMER ROWE LANE
CITY-ST-ZIP TALLAHASSEE, FL 32309 ☒ Delete

TITLE D
NAME DESILETS, LINDA L
STREET ADDRESS 4309 KIMMER ROWE LANE
CITY-ST-ZIP TALLAHASSEE, FL 32309 ☒ Delete

TITLE D
NAME DESILETS, MICHAEL E
STREET ADDRESS 4309 KIMMER ROWE LANE
CITY-ST-ZIP TALLAHASSEE, FL 32309 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D
NAME BETHANY FINN
STREET ADDRESS 4519 DESLIN DR.
CITY-ST-ZIP TALLAHASSEE, FL 32305 ☐ Change ☒ Addition

TITLE V/D
NAME ALBERT WINN
STREET ADDRESS 4522 DESLIN COURT
CITY-ST-ZIP TALLAHASSEE, FL 32305 ☐ Change ☒ Addition

TITLE S/D
NAME DENA RATLIFF
STREET ADDRESS 4580 DESLIN DR.
CITY-ST-ZIP TALLAHASSEE, FL 32305 ☐ Change ☒ Addition

TITLE T
NAME VINCENT MOKWENYE
STREET ADDRESS 4584 DESLIN DR.
CITY-ST-ZIP TALLAHASSEE, FL 32305 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: Vincent Mokwene VINCENT MOKWENYE 4/17/06 (850)942-4487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #