

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 14, 2008
Secretary of State

DOCUMENT# N04000006351

Entity Name: OAK RIDGE PLACE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4584 DESLIN DR
TALLAHASSEE, FL 32305**New Principal Place of Business:**4563 DESLIN DR
TALLAHASSEE, FL 32305**Current Mailing Address:**4584 DESLIN DR
TALLAHASSEE, FL 32305**New Mailing Address:**4563 DESLIN DR
TALLAHASSEE, FL 32305**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MOKWENYE, VINCENT N
4584 DESLIN DR
TALLAHASSEE, FL 32305 US**Name and Address of New Registered Agent:**PRICE, SCOTTI
4556 DESLIN DR
TALLAHASSEE, FL 32305 US

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: SCOTTI PRICE

09/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: DENA, RATLIFF
Address: 4580 DESLIN DR
City-St-Zip: TALLAHASSEE, FL 32305Title: VD () Delete
Name: WINN, ALBERT
Address: 4522 DESLIN COURT
City-St-Zip: TALLAHASSEE, FL 32305Title: SD () Delete
Name: GANT, CASSANDRA
Address: 4513 DESLIN CT
City-St-Zip: TALLAHASSEE, FL 32305Title: T () Delete
Name: MOKWENYE, VINCENT
Address: 4584 DESLIN DR
City-St-Zip: TALLAHASSEE, FL 32305**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: JONES, REMERA C
Address: 4563 DESLIN DR
City-St-Zip: TALLAHASSEE, FL 32305Title: VP (X) Change () Addition
Name: PETERSON, JONATHAN
Address: 4509 DESLIN COURT
City-St-Zip: TALLAHASSEE, FL 32305Title: S (X) Change () Addition
Name: MOKWENYE, PHADERA
Address: 4584 DESLIN DR
City-St-Zip: TALLAHASSEE, FL 32305Title: T (X) Change () Addition
Name: PRICE, SCOTTI
Address: 4556 DESLIN DR
City-St-Zip: TALLAHASSEE, FL 32305

I hereby certify that the information supplied with this filing does not qualify 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: REMERA JONES

P

09/14/2008

Electronic Signature of Signing Officer or Director

Date