

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006351

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** OAK RIDGE PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4563 DESLIN DR  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

4563 DESLIN DR  
TALLAHASSEE, FL 32305

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PRICE, SCOTTI  
4556 DESLIN DR  
TALLAHASSEE, FL 32305 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: JONES, REMERA C  
Address: 4563 DESLIN DR  
City-St-Zip: TALLAHASSEE, FL 32305

Title: VP ( ) Delete  
Name: PETERSON, JONATHAN  
Address: 4509 DESLIN COURT  
City-St-Zip: TALLAHASSEE, FL 32305

Title: S ( ) Delete  
Name: MOKWENYE, PHADERA  
Address: 4584 DESLIN DR  
City-St-Zip: TALLAHASSEE, FL 32305

Title: T ( ) Delete  
Name: PRICE, SCOTTI  
Address: 4556 DESLIN DR  
City-St-Zip: TALLAHASSEE, FL 32305

**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  
Name:  
Address:  
City-St-Zip:

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

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date