

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009889

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: OAK RIDGE CONDOMINIUM ASSOCIATION OF DELAND, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
STE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
STE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 20-8077487      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOPEZ, ELIZABETH  
970 N. SPRING GARDEN AVE.  
DELAND, FL 32724 US

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 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: JAMES W HART JR

04/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BUSTILLOS, COROMOTO  
Address: 970 N. SPRING GARDEN AVE.  
City-St-Zip: DELAND, FL 32724

Title: VSD ( ) Delete  
Name: VASQUEZ, ROBERTO  
Address: 970 N. SPRING GARDEN AVE.  
City-St-Zip: DELAND, FL 32724

Title: TD ( ) Delete  
Name: ORDONEZ, LUSANT  
Address: 970 N. SPRING GARDEN AVE.  
City-St-Zip: DELAND, FL 32724

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: COROMOTO BUSTILLOS

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date