

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:23

DOCUMENT # N93000000303 (8)
1. Corporation Name

OAKRIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**2000 MONTCLAIR RD.
LEESBURG FL 34748** **2000 MONTCLAIR RD.
LEESBURG FL 34748**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/19/1993 **07/11/1994**
4. FFL Number, Applied For
59-3164132 Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BIRMAN, JOHN
2084 MONTCLAIR RD.
LEESBURG FL 34748**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WATKINS, HERBERT E
STREET ADDRESS	2108 SYCAMORE LN. EAST
CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	D
NAME	BOOTH, WILLIAM L
STREET ADDRESS	P.O. BOX 1827
CITY-ST-ZIP	HIGH SPRINGS FL
TITLE	D
NAME	REDMAN, JAMES L
STREET ADDRESS	121 NORTH COLLINS ST.
CITY-ST-ZIP	PLANT CITY FL 33564-9040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NOVOMESZKY, JANOS	
1.3 STREET ADDRESS	117 WOODLANE AV.	
1.4 CITY-ST-ZIP	WILDWOOD, FL. 96776	<input checked="" type="checkbox"/>
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOOTH, WILLIAM L	
2.3 STREET ADDRESS	P.O. BOX 2576	N/A
2.4 CITY-ST-ZIP	HIGH SPRINGS FL. 32643	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BIRMAN, JOHN	
3.3 STREET ADDRESS	2084 MONTCLAIR RD.	
3.4 CITY-ST-ZIP	LEESBURG, FL. 34748	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 resolver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Birman John Birman 1-20-95 (901) 326-3102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature) Phone #