

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000000303 (8)**

1. Corporation Name
OAKRIDGE CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 01/19/1993
3a. Date of Last Report: 02/09/1995

21	22	23	24	25	26	27	28	29	30	4. FEI Number 59-3164132	Applied For Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
City & State		City & State		Trust Fund Contribution		Trust Fund Contribution				\$5.00 May Be Added to Fees	
Zip		Country		Zip		Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BIRMAN, JOHN 2084 MONTCLAIR RD. LEESBURG FL 34748				81 Name Paul Wean, P.A.			
				82 Street Address (P.O. Box Number is Not Acceptable) 1305 E. Robinson St. Suite C			
				83			
				84 City Orlando, FL			
				FL		85 Zip Code 32801	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Paul L. Wean, P.A. by Paul L. Wean, Pres* 2/29/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVOMESZKY, JANOS	1.2 NAME	
STREET ADDRESS	117 WOODLANE AVE	1.3 STREET ADDRESS	8408 Kawala Dr.
CITY-ST-ZIP	WILDWOOD FL	1.4 CITY-ST-ZIP	Las Vegas, NV 89122
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH, WILLIAM L	2.2 NAME	15430 N.E. 4th Lane
STREET ADDRESS	P O BOX 2476	2.3 STREET ADDRESS	Williston, FL 32696
CITY-ST-ZIP	HIGH SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRMAN, JOHN	3.2 NAME	James Rogers
STREET ADDRESS	2084 MONTCLAIR RD	3.3 STREET ADDRESS	2001 Montclair Rd.
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 receiver 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: *Larry Booth* LARRY BOOTH 4-24-96 (904) 528-0408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)