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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

2000 MONTCLAIR RD.
LEESBURG FL 34748

2000 MONTCLAIR RD.
LEESBURG FL 34748-4740

3. Date Incorporated or Qualified
01/19/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 P.O. Box 492228

59-3164132

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Leesburg, FL

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29 34749

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL WEAN, PA
1305 E ROBINSON ST SUITE C
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 PD DELETE
NAME NOVOMESZKY, JANOS
STREET ADDRESS 8408 KAWALA DR
CITY - ST - ZIP LAS VEGAS NV

1.1 TITLE PD Change Addition
1.2 NAME Herbert Watkins
1.3 STREET ADDRESS 2108 Sycamore Lane East
1.4 CITY - ST - ZIP Plant City, FL 33566

TITLE VPD DELETE
NAME BOOTH, WILLIAM L
STREET ADDRESS 15430 N.E. 4TH LANE
CITY - ST - ZIP WILLISTON FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE STD DELETE
NAME JAMES ROGERS
STREET ADDRESS 2001 MONTCLAIR RD
CITY - ST - ZIP LEESBURG FL

3.1 TITLE STD Change Addition
3.2 NAME Ronald Marshall
3.3 STREET ADDRESS 2007 Montclair Rd.
3.4 CITY - ST - ZIP Leesburg, FL 34748

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William L Booth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Booth 1-29-97 (352) 528-0408

CR2E037 (9/96)