2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2001 8:00 am Secretary of State DOCUMENT # N9300000303 OAKRIDGE CONDOMINIUM ASSOCIATION, INC. 02-27-2001 90359 003 ****61.25 Principal Place of Business Mailing Address POST OFFICE BOX 492228 2000 MONTCLAIR RD. 0 4 4 4 4 8 LEESBURG FL 34749 LEESBURG FL 34748 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3164132 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent --Street Address (P.O. Box Number is Not Acceptable) PAUL WEAN, PA 1305 E ROBINSON ST SUITE C ORLANDO FL 32801 Zip Code FL 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD ☐ Addition Delete TITLE TITLE VERHOEST, JULLIEN NAME NAME 2051 MONTELAIR RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-7IP 100 Change ☐ Addition TITL F TITLE Delete WADDELL, SAMUEL JACK THOMAS NAME NAME P.O. BOX 425 STREET ADDRESS 2066 MONELAIR RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP -LEESBURG:FL-34748---KILLARNEY, JL 34740 ☐ Addition ☐ Delete TITLE Change MARSHALL, RONALD NAME STREET ADDRESS 2007 MONTCLAIR ROAD STREET ADDRESS CITY-ST-ZIP LEESBURG FL CITY-ST-ZIP □ Change Addition ☐ Delete JOHN MARGITA NAME NAME 2061 MONTELAIR Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG, JL 34748 Addition Change TITLE ☐ Delete TITLE ALLEN LARTNAGLE NAME NAME STREET ADDRESS STREET ADDRESS 2082 MONTELAIR IRd CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. TULLIAN VERHOEST 02-22-01 352-787-1742 SIGNATURE: