

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90040 034 ****61.25

DOCUMENT # N93000000303

1. Entity Name
OAKRIDGE CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**POST OFFICE BOX 492228
LEESBURG, FL 34749 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01092004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3164132

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRISON, FRED A
1000 W MAIN ST
LEESBURG, FL 34748**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make check payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD** Delete
NAME: **VERHOEST, JULLIEN**
STREET ADDRESS: **2051 MONTCLAIR RD**
CITY-ST-ZIP: **LEESBURG, FL 34748**

TITLE: **D** Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **PD** Delete
NAME: **GROSS, DONALD W**
STREET ADDRESS: **2058 MONTCLAIR RD**
CITY-ST-ZIP: **LEESBURG, FL 34748**

TITLE: **D** Change Addition
NAME: **FRISZ, PAUL**
STREET ADDRESS: **4555 CHULUOTA RD**
CITY-ST-ZIP: **ORLANDO FL 32820**

TITLE: **D** Delete
NAME: **HARTNAGLE, ALLEN**
STREET ADDRESS: **2082 MONTCLAIR ROAD**
CITY-ST-ZIP: **LEESBURG, FL 34748**

TITLE: **V-D** Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **D** Delete
NAME: **ARNOLD, ROBERT**
STREET ADDRESS: **2063 MONTCLAIR RD**
CITY-ST-ZIP: **LEESBURG, FL 34748**

TITLE: **PD** Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **SD** Delete
NAME: **RANSON, JAMES**
STREET ADDRESS: **2005 MONCLAIR DR**
CITY-ST-ZIP: **LEESBURG, FL 34748**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **TD** Delete
NAME: **MARCITA, JOHN**
STREET ADDRESS: **2061 MONTCLAIR RD**
CITY-ST-ZIP: **LEESBURG, FL 34748**

TITLE: Change Addition
NAME: **MARCITA**
STREET ADDRESS:
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.

SIGNATURE: *Robert Arnold* **Robert Arnold, President** 3/10/04 314-2197 352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #