

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  
**OKRIDGE 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** **352**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #