


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90032 032 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3164132** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2005**

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

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | VERHOEST, JULLIEN   |  |
| STREET ADDRESS | 2051 MONTCLAIR RD   |  |
| CITY-ST-ZIP    | LEESBURG FL 34748   |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | FRISZ, PAUL         |  |
| STREET ADDRESS | 4555 CHULUOTA RD    |  |
| CITY-ST-ZIP    | ORLANDO FL 32820    |  |
| TITLE          | VD                  | <input type="checkbox"/> Delete            |
| NAME           | HARTNAGLE, ALLEN    |  |
| STREET ADDRESS | 2082 MONTCLAIR ROAD |  |
| CITY-ST-ZIP    | LEESBURG FL 34748   |  |
| TITLE          | PD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | ARNOLD, ROBERT      |  |
| STREET ADDRESS | 2063 MONTCLAIR RD   |  |
| CITY-ST-ZIP    | LEESBURG FL 34748   |  |
| TITLE          | SD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | RANSON, JAMES       |  |
| STREET ADDRESS | 2005 MONCLAIR DR    |  |
| CITY-ST-ZIP    | LEESBURG FL 34748   |  |
| TITLE          | TD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | MARGITA, JOHN       |  |
| STREET ADDRESS | 2061 MONTCLAIR RD   |  |
| CITY-ST-ZIP    | LEESBURG FL 34748   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Smith, John         |  |
| STREET ADDRESS | 600 N. Goldenrod Rd |  |
| CITY-ST-ZIP    | Orlando FL 32807    |  |
| TITLE          | TD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Crompton, PATRICIA  |  |
| STREET ADDRESS | 2060 Montclair Rd   |  |
| CITY-ST-ZIP    | Leesburg FL 34748   |  |
| TITLE          |                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| 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: *Julien L. Verhoest* JULIEN L. VERHOEST 3/15/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #