

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90226 021 \*\*\*\*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**

**50003105**



01072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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, 2006**

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 PD  Delete  
 NAME VERHOEST, JULLIEN  
 STREET ADDRESS 2051 MONTCLAIR RD  
 CITY-ST-ZIP LEESBURG, FL 34748

TITLE  Change  Addition  
 NAME D Arnold, Robert  
 STREET ADDRESS 2063 MONTCLAIR Rd  
 CITY-ST-ZIP LEESBURG FL 34748

TITLE D  Delete  
 NAME FRISZ, PAUL  
 STREET ADDRESS 4555 CHULUOTA RD  
 CITY-ST-ZIP ORLANDO, FL 32820

TITLE  Change  Addition  
 NAME TD Walker, Brenda  
 STREET ADDRESS 2052 MONTCLAIR Rd  
 CITY-ST-ZIP LEESBURG FL 34748

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

TITLE  Change  Addition

TITLE D  Delete  
 NAME AMITH, JOHN  
 STREET ADDRESS 600 N GOLDENROD RD  
 CITY-ST-ZIP ORLANDO, FL 32807

TITLE  Change  Addition

TITLE TD  Delete  
 NAME CRONPTON, PATRICIA  
 STREET ADDRESS 2060 MONTCLAIR RD  
 CITY-ST-ZIP LEESBURG, FL 34748

TITLE  Change  Addition  
 NAME SD Crompton

TITLE  Delete

TITLE  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Verhoest  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julien Verhoest 3/13/06  
 Date

President 352-320-1742  
 Daytime Phone #