


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90045 050 ****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

40019701



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

01102007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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)

Filing Fee is \$61.25
Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP | PD VERHOEST, JULLIEN <input checked="" type="checkbox"/> Delete 2051 MONTCLAIR RD LEESBURG, FL 34748 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARNOLD, ROBERT <input type="checkbox"/> Delete 2063 MONTCLAIR RD LEESBURG, FL 34748 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input checked="" type="checkbox"/> Delete HARTNAGLE, ALLEN 2082 MONTCLAIR ROAD LEESBURG, FL 34748 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <input checked="" type="checkbox"/> Delete WALKER, BARBARA 2052 MONTCLAIR RD LEESBURG, FL 34748 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input checked="" type="checkbox"/> Delete CROMPTON, PATRICIA 2060 MONTCLAIR RD LEESBURG, FL 34748 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tom Johnson 27615 HWY 27, STE 110 LEESBURG FL 34748 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NANCY MICELI 2024 MONTCLAIR RD LEESBURG FL 34748 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES TRANSON 2005 MONTCLAIR RD LEESBURG FL 34748 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAROLYN DRAKE 2002 MONTCLAIR RD LEESBURG FL 34748 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Tom Johnson Date: 7-07 Daytime Phone #: (852) 988-8350