


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		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 _____ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERHOEST, JULLIEN		NAME	Tom Johnson	
STREET ADDRESS	2051 MONTCLAIR RD		STREET ADDRESS	27615 HWY 27, STE 110	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, ROBERT		NAME		
STREET ADDRESS	2063 MONTCLAIR RD		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTNAGLE, ALLEN		NAME	NANCY MICELI	
STREET ADDRESS	2082 MONTCLAIR ROAD		STREET ADDRESS	2024 MONTCLAIR RD	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, BARBARA		NAME	JAMES TRANSON	
STREET ADDRESS	2052 MONTCLAIR RD		STREET ADDRESS	2005 MONTCLAIR RD	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROMPTON, PATRICIA		NAME	CAROLYN DRAKE	
STREET ADDRESS	2060 MONTCLAIR RD		STREET ADDRESS	2002 MONTCLAIR RD	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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