

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000303

FILED
Feb 28, 2009
Secretary of State

Entity Name: OAKRIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2000 MONTCLAIR RD.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 492228
LEESBURG, FL 34749 US

New Mailing Address:

FEI Number: 59-3164132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VERHOEST, JULIEN
Address: 2051 MONTCLAIR ROAD
City-St-Zip: LEESBURG, FL 34748

Title: VD () Delete
Name: ARNOLD, ROBERT
Address: 2063 MONTCLAIR RD
City-St-Zip: LEESBURG, FL 34748

Title: STD () Delete
Name: DOSTAL, ROSEMARY
Address: 2059 MONTCLAIR RD
City-St-Zip: LEESBURG, FL 34748

Title: PD () Delete
Name: JAMES, WILLIAM
Address: 2084 MONTCLAIR RD
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: MUNGER, JEAN
Address: 2057 MONTCLAIR RD
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JAMES, WILLIAM
Address: 2084 MONTCLAIR ROAD
City-St-Zip: LEESBURG, FL 34748

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DOSTAL, ROSEMARY
Address: 2059 MONTCLAIR RD
City-St-Zip: LEESBURG, FL 34748

Title: TD (X) Change () Addition
Name: OLVIS, GLENDA
Address: 2056 MONTCLAIR ROAD
City-St-Zip: LEESBURG, FL 34748

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM JAMES

P

02/28/2009

Electronic Signature of Signing Officer or Director

_____ Date