FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # **766203** **(4)**

1. Corporation Name
OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6505 CORONET DR. NEW PORT RICHEY FL 34655	6505 CORONET DR. NEW PORT RICHEY FL 34655

3. Date Incorporated or Qualified: 12/20/1982
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 2214 OVERVIEW DR.	26 2214 OVERVIEW DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NEW PORT RICHEY, FL	City & State 28 NEW PORT RICHEY, FL
Zip 24 34655 Country 25 USA	Zip 29 34655 Country 30 USA

4. FEI Number: 59-2254976 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LINES, DOUGLAS A
6505 CORONET DR.
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name: KEITH POTTER
82 Street Address (P.O. Box Number Is Not Acceptable): 2214 OVERVIEW DR
83
84 City: NEW PORT RICHEY FL 85 Zip Code: 34655

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE X [signature] 4-19-96.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	LINES, DOUGLAS A		1.2 NAME	KEITH POTTER	
STREET ADDRESS	6505 CORONET DR		1.3 STREET ADDRESS	2214 OVERVIEW DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655	
TITLE	D	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	ZARAKAS, PETER		2.2 NAME	RUDY UDOVICH	
STREET ADDRESS	6704 RIDGETOP DR.		2.3 STREET ADDRESS	6356 BELLINGHAM CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	T	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	LINES, JULIA A		3.2 NAME	DOUG LINES	
STREET ADDRESS	6505 CORONET DR.		3.3 STREET ADDRESS	6505 CORONET DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	JONES, JESS		4.2 NAME	JOE MOSCATO	
STREET ADDRESS	6501 RIDGE TOP DR.		4.3 STREET ADDRESS	6704 RIDGETOP DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	JURGENSEN, MIKE		5.2 NAME	CHARLA GUZIK	
STREET ADDRESS	6985 CORONET DR.		5.3 STREET ADDRESS	6695 CATALPA DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	VP	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MOSCATO, JOSEPH		6.2 NAME	GEORGE WEBER	
STREET ADDRESS	6704 RIDGETOP DR		6.3 STREET ADDRESS	1257 LITTLEFIELD DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] KEITH POTTER 4-19-96. 813-372-0032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #