FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.

incipal Place of Business	Mailing Address
214 OVERVIEW DR IEW PORT RICHEY FL 34655 IS	2214 OVERVIEW DR NEW PORT RICHEY FL 34655-3807 US
rincipal Place of Business	2a. Mailing Address

FILED Jan 29 1997 8:00am Secretary of State



Principal Place of Business 2214 OVERVIEW DR NEW PORT RICHEY FL 34655 US		Mailing Address	Mailing Address				I IBDIAN NAKAN DIANA DININ NIBAH DUBU TAK BADIN DIBNI DIBNI DIBNI DIBNI DIBNI NEDI		
		2214 OVERVIEW DR NEW PORT RICHEY FL 34655-3807 US							
				3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1996		t Report 1996			
2. Principal Place of Business 21		2a. Mailing Address 26				4. FEI Number 59-2254976	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip	-	untry		8. This corporation has liability for i		er s. 199.032,	
24	25	29	30				Yes 💹 No		
 _	9, Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Re	gistered Agent		
				81	Name				
POTTER, KIETH 2214 OVERVIEW DR					Street A	ddress (P.O. Box Number is Not Acceptab	le)		
NEW PORT RICHEY FL 34655				83					
				84	City		FL 85 Z	ip Code	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 617.05 registered agent, or both, in the State or familiar with, and accept the oblig Signature, typed or printed name of registered ag	gations of, Section 617.0503, F	lorida Sta	atutes		corporation submits this statement for the poration's board of directors. I hereby acception to the poration of the poration o	urpose of changin t the appointment	g its registered as registered	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	P	DELETE	1.1 1	TITLE			☐ Chang		
NAME	Potter, Keith		1.2 (NAME				ļ	
STREET ADDRESS	2214 OVERVIEW DR		1.3 3	STREET	ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 (CITY-S1	r-ZIP				
TITLE	V			TITLE			☐ Chang	ge Addition	
NAME	UDOVICH, RUDY		2.21	NAME				ļ	
STREET ADDRESS	6356 BELLINGHAM CT		2.3 3	STREET	ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL		2 4	CITY-S	T-ZIP				
TITLE	D	DELETE	311	TITLE			☐ Chang	ge Addition	
NAME	LINES, DOUG		3.21	NAME	ļ			į	
STREET ADDRESS	6505 CORONET DR		3.3 3	STREET.	ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL			CITY-S	T-ZIP				
TITLE	D	DELETE		TITLE			☐ Chan	ge 🔲 Addition	
NAME	MOSCATO, JOE		1	NAME	-			l	
STREET ADDRESS	6704 RIDGETOP DR				ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL	DINCIPLE		CITY - ST	r-ZIP		[] Ob.	- A days	
TITLE	D CHADIA	DELETE		TITLE			Chang	ge	
NAME	GUZIK, CHARLA		- 1	NAME				ļ	
STREET ADDRESS	6695 CATALPA DR NEW PORT RICHEY FL				ADDRESS				
CITY - ST - ZIP		DELETE		CITY - ST	- ZIP		Chang	ne Addition	
TITLE	MEDED GEODGE			TITLE			L chang	Je Addition	
NAME OTDETT ADDRESS	Weber, George 1257 Littlefield Dr			NAME	LODDEGA			Į.	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL		6.4 (CITY-S1	- ZIP				

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 if charged, or on an attachment with an address.