SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 766203

OAK RIDGE HOMEOWNERS! ASSOCIATION, INC.

FILED Sep 23 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2214 OVERVIEW DR NEW PORT RICHEY FL 34655 US 3. Date Incorporated or Qualified 12/20/1982 4. FEI Number 59-2254976 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address 2f Sulte, Apt. #, etc. 2f Sulte, Apt. #, etc. 2f City & State City & State Zip Country Applied For Not Applicable 3. Date Incorporated or Qualified 12/20/1982 4. FEI Number 59-2254976 Applied For Not Applicable 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Fee Required 7. Is this nonprofit corporation a homeowners association? 28 Zip Country B. This corporation owes or has paid the current year Intangible	OAR RIDGE HOMEOWINERS ASSOCIATION, INC.					
NEW PORT RICHEY FI, 34655 US SET 12/20/1962 Filt humber S9-2254976	Principal Place of Business Mailing Address			t 188191 (2004 gant Bitte tion social risk Brain bible stan Brain 2001) stan (881		
2. Principal Place of Business	NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34			1655	,	
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Trust Fund Contribution Added to Fiess Added to Fie	<u>├</u> ─┐				1 3. Continuoto di Status Desired	
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28 28 29 30 Personal Property Tax dun June 30 Mes No	 					
POTTER, KIETH 2214 OVERVIEW DR NEW PORT RICHEY FL 34655 11. Pursuant to the provisions of sections 617,0502 and 617,1508, Fiorida Statuta, the above area office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. In the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. In the purpose of changing its registered agent. In the purpose of corporation submits this statement for the purpose of changing its registered agent. In the purpose of changing its registered agent. In the purpose of changing its registered agent. In the purpose of changing its reg	Zip 24	h 			_	
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POTTER, RETH 2214 OVERWIND DR NEW PORT RICHEY FL 34655 83 11. Pursuant to the provisions of sections 617,0502 and 617,1508, Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agenct, or both, in the State of Florida. Such change was authorized by the corporation's board of its statement for the purpose of changing its registered agenct, or both, in the State of Florida. Such change was authorized by the corporation's board of its statement for the purpose of changing its registered agency or post that appointment as registered agency or post the appointment as registered agency or post the part of the purpose of changing its registered agency or post the special post that appointment is registered agency or post the appointment as registered agency or post the appointment as registered agency or post that appointment as registered agency agen	81 Name Douglas A. LINES					
NEW PORT RICHEY FL 34655 83				82 Street A	ddress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation builts this statement for the purpose of changing its registered office or registered agent, I am remiller with an accept the objection 617.0503, Florida Statutes, the above-named corporation board of directors. I hereby accept the appointment as registered egent. I am remiller with an accept the objection 617.0503, Florida Statutes and finding the finding statutes are supplied agent of directors. I hereby accept the appointment as registered egent. I am remiller with an accept the objection 617.0503, Florida Statutes. SIGNATURE AUCUSTON AUCUSTON	NEW POR	IT RICHEY FL 34655				
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation builts this statement for the purpose of changing its registered office or registered agent, I am remiller with an accept the objection 617.0503, Florida Statutes, the above-named corporation board of directors. I hereby accept the appointment as registered egent. I am remiller with an accept the objection 617.0503, Florida Statutes and finding the finding statutes are supplied agent of directors. I hereby accept the appointment as registered egent. I am remiller with an accept the objection 617.0503, Florida Statutes. SIGNATURE AUCUSTON AUCUSTON	R4 City 0 185 Zin Code					
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 an adaption the obligatings of, section 617.0503, Florida Statutus. SIGNATURE Syndum, typed or princharme of inequired agent and time agent and time agent and time agent and time agent and time. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE POTTER, KEITH DITTILE VICTE Registered Agent algorithms required when refertation; DELETE 1.1 TITLE POTTER, KEITH DITTILE VICTE Registered Agent algorithms required when refertation; DELETE 1.1 TITLE POTTER, KEITH DITTILE VICTE Registered Agent algorithms required when refertation; DELETE 1.1 TITLE VICTE Registered Agent agent, or includes the potter required when refertation; STREET ADDRESS IN TAXABLE TO FFICERS AND DIRECTORS IN 12. 1.1 TITLE VICTE Registered Agent algorithms required when refertation; DELETE 1.1 TITLE VICTE Registered Agent algorithms required when refertation; DELETE 1.1 TITLE VICTE REGISTANDE TO FFICERS AND DIRECTORS IN 12. 1.2 TITLE VICTE ADDRESS IN TAXABLE 1.3 TITLE VICTE ADDRESS IN TAXABLE 1.3 TITLE VICTE ADDRESS IN TAXABLE 1.4 CITYST2IP VICTE REgistered Agent algorithms required when refertation; VICTE Registered Agent required when refertation; VICTE Registered Agent required when refertation; VICTE REgistered Agent algorithms required when refertation; VICTE ADDRESS IN TAXABLE 1.1 TITLE VICTE ADDRESS IN TAXABLE 1.2 TITLE VICTE ADDRESS IN TAXABLE 1.3 TITLE VICTE ADDRESS IN TAXABLE 1.4 CITYST2IP VICTE REgister ADDRESS IN TAXABLE 1.5 TITLE VICTE ADDRESS IN TAXABLE VICTE ADDRESS I	NEW PORT KICHEY 134655					
SIGNATURE Separative Description Separative Description Separative Description Separative degree and the respitative plants Separative required when relevating) DATE	11. Pursuant to the provisions of sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered event or holds in the State of Florida, Such change was subported by the corporation's board of directors. I hereby expent the experiment or registered					
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12 TITLE POTTER, KEITH POTTER, KEITH 12 NAME POTTER, KEITH 13 NEW PORT RICHEY FL 34655 TITLE VUDOVICH, RUDY DELETE 11 TITLE VUDOVICH, RUDY 23 STREET ADDRESS 174 I BLACKROCK CT 24 CTY-ST-ZIP NEW PORT RICHEY FL 34655 TITLE D DELETE 31 TITLE D D DELETE 31	agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.					
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 TITLE POTTER, KEITH STREET ADDRESS 2214 OVERVIEW DR STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL UDOVICH, RUDY STREET ADDRESS 6356 BELLINGHAM CT CITY-ST-ZIP NEW PORT RICHEY FL UDOVICH, RUDY STREET ADDRESS 6356 BELLINGHAM CT CITY-ST-ZIP NEW PORT RICHEY FL D OELETE 31 TITLE D OELETE 32 STREET ADDRESS 6350 CORONET DR 32 STREET ADDRESS 6350 CORONET DR 32 STREET ADDRESS 6350 CORONET DR 33 STREET ADDRESS 6350 CORONET DR 33 STREET ADDRESS 6350 CORONET DR 33 STREET ADDRESS 6350 CORONET DR 34 STREET ADDRESS 64 STALE ADDRESS 65 OA RIDGETOP DR 45 STREET ADDRESS 65 OA RIDGETOP DR 55 STREET ADDRESS 65 OA RIDGETOP DR 65	SIGNATURE Nouglas a Junes 9-9-98					
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CITYST-ZIP NEW PORT RICHEY FL 34655	STREET ADDRESS			6.3 STREET ADDRESS	2033 ACADEMY CT	
14. I 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				6.4 CITY-ST-ZIP	NEW PORT RICHEY FL 39655	

a nerecy certify that the information supplied with this filling 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 13 if changed, or on apost tachment with an address.