

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90046 028 \*\*\*\*61.25

**DOCUMENT # N13267**

1. Entity Name

**OCALA RIDGE ESTATES PROPERTY OWNERS' ASSOCIATION**

Principal Place of Business

Mailing Address

**% ORTEGA AND COMPANY, P.A.  
 2307 DOUGLAS RD. SUITE 302  
 MAIMI FL 33145**

**% ORTEGA AND COMPANY, P.A.  
 2307 DOUGLAS RD. SUITE 302  
 MAIMI FL 33145-3057**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2725055**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER, KAREN LEVIN  
 625 N. FLAGLER DR.  
 WEST PALM BEACH FL 33401**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, JOSE RAFAEL</b>	
STREET ADDRESS	<b>CALLE 56 BB-1A</b>	
CITY-ST-ZIP	<b>BAYAMON PR</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>SANCHEZ, ELENA MEJIAS</b>	
STREET ADDRESS	<b>363 BOLIVAR ST.</b>	
CITY-ST-ZIP	<b>SANTURCE PR</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LUIS F. FERNANDEZ PENA</b>	
STREET ADDRESS	<b>CALLE 56, BB-1A-SANTA TER</b>	
CITY-ST-ZIP	<b>BAYAMON PR</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 empowerments.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-2000

(787) 724-4200

Date

Daytime Phone #

CR2E037 (9/99)