

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766203

1. Entity Name

OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.

P

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90044 032 ****61.25

Principal Place of Business
 1741 BLACKROCK COURT
 NEW PORT RICHEY FL 34655
 US

Mailing Address
 1741 BLACKROCK COURT
 NEW PORT RICHEY FL 34655
 US

2. Principal Place of Business
 1741 BLACKROCK CT

3. Mailing Address
 1741 BLACKROCK CT.

City & State
 NEW PORT RICHEY, FL

City & State
 NEW PORT RICHEY, FL

Zip
 34655

Country
 USA

4. FEI Number
 59-2254976

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 RYDZIK, FREDERICK
 1741 BLACKROCK COURT
 NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent
 Name RYDZIK, FREDERICK
 Street Address (P.O. Box Number is Not Acceptable)
 1741 BLACKROCK CT.
 City NEW PORT RICHEY FL Zip Code 34655

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 FREDERICK RYDZIK FREDERICK RYDZIK 08/01/00
 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
 After September 13, 2000 min. will be \$236.25

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RYDZIK, FRED	
STREET ADDRESS	1741 BLACKROCK CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AGGETT, JIM	
STREET ADDRESS	6602 WINDING BROOK DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIKSTEN, FAITH	
STREET ADDRESS	6433 SWEET GUM DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VAN VOORHIS, DON	
STREET ADDRESS	1604 BELLTOWER	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROGAN, MAGGIE	
STREET ADDRESS	6351 WINDING BROOK DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEPEW, LISA	
STREET ADDRESS	6500 GOVERNORS RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	← SAME	
STREET ADDRESS	← SAME	
CITY-ST-ZIP	← SAME	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGGETT, JIM	
STREET ADDRESS	6602 WINDING BROOK DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSELLI, ALDO	
STREET ADDRESS	1960 OVERVIEW DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN VOORHIS, DON	
STREET ADDRESS	1604 BELLTOWER DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUEL MENTO	
STREET ADDRESS	327 SUN HIGH DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	← SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	← SAME	
STREET ADDRESS	← SAME	
CITY-ST-ZIP	← SAME	

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 empowered.

SIGNATURE: SIGNATURE OF FREDERICK RYDZIK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/00 (W) 727 836 3900 x3806
 (H) 727 372 8905
 Daytime Phone #

CR2E037 (5/00)