

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90027 047 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2725055

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/01

Date

(787) 724-4200

Daytime Phone #

CR2E037 (10/00)