

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90451 040 ****61.25

DOCUMENT # 766203

1. Entity Name

OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

6-11-02

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

TITLE **P** ☐ Delete
 NAME **RYDZIK, FRED**
 STREET ADDRESS **1741 BLACKROCK CT**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Delete
 NAME **BOSELLI, ALDO**
 STREET ADDRESS **1960 OVERVIEW DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Delete
 NAME **AMUNDSON, GARY**
 STREET ADDRESS **6446 ARBOR DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **VP** ☐ Delete
 NAME **VAN VOORHIS, DON**
 STREET ADDRESS **1604 BELLTOWER**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Delete
 NAME **MUBLEY, DEBORAH**
 STREET ADDRESS **6818 MORNING SUN CT**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655** * **MUBLEY**

TITLE **D** ☒ Delete
 NAME **DONDERO, EDWARD**
 STREET ADDRESS **2410 OVERVIEW DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **UNFILED**
 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: RYDZIK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-11-02 727 372

8903

CR2E037 (9/01)