2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# N19468

Entity Name: OAKRIDGE OFFICE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13309 WINDING OAK CT.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 82068
TAMPA, FL 33682

New Mailing Address:

FEI Number: 59-3735160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEUTZ, JAMES R
P. O. BOX 82068
TAMPA, FL 33682 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KRAMER, JAMES	
Address:	13311 WINDING OAK CT.	
City-St-Zip:	TAMPA, FL 33612 US	
Title:	VP/D	( ) Delete
Name:	WETMORE, MARYANN	
Address:	13302 WINDING OAK COURT, SUITE A	
City-St-Zip:	TAMPA, FL 33612	
Title:	VP/D	( ) Delete
Name:	FEUTZ, VICKIE	
Address:	P.O. BOX 82068	
City-St-Zip:	TAMPA, FL 33682	
Title:	ST/D	( ) Delete
Name:	KLEIN, MAURA	
Address:	13309 WINDING OAK CT	
City-St-Zip:	TAMPA, FL 33612	
Title:	VP/D	( ) Delete
Name:	MILLER, RUSSEL	
Address:	13306 WINDING OAK CT	
City-St-Zip:	TAMPA, FL 33612 US	
Title:	VP/D	( ) Delete
Name:	FEUTZ, JAMES R	
Address:	P.O. BOX 82068	
City-St-Zip:	TAMPA, FL 33682 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. FEUTZ VP 01/09/2006

Electronic Signature of Signing Officer or Director — Date