2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 766203

Entity Name: OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2130 OVERVIEW DR
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

2130 OVERVIEW DR
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

FEI Number: 59-2254976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WERTHEIM, MARC B
2130 OVERVIEW DRIVE
NEW PORT RICHEY, FL 34655 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: P ( ) Delete
Name: NOBLE, DANIEL H
Address: 6321 RIDGE TOP DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP ( ) Delete
Name: MICKLO, PAULINE
Address: 6334 SUNHIGH DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T ( ) Delete
Name: WERTHEIM, MARC
Address: 2130 OVERVIEW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete
Name: LINES, DOUGLAS A
Address: 6505 CORONET DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T ( ) Delete
Name: WERTHEIM, MARC
Address: 2130 OVERVIEW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: BRESCIA, MIKE
Address: 6315 ARBOR DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

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 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: MARC WERTHEIM T 02/17/2009

Electronic Signature of Signing Officer or Director Date