2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766203

1. Entity Name

OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.

FILED Jul 23, 2003 8:00 am Secretary of State

07-23-2003 90059 035 ****61.25

	AS HOMEOMAINERS ASSOCIA	1	/		ļ .			
1741 BLACKRO	ne of Business OCK COURT CHEY FL 34655	Mailing Address 1741 BLACKROCK COURT NEW PORT RICHEY FL 346: US	55		 	110 II 211 03100 UNE 01841 GIO	1 8:11+1121 118	113 8 1811 1 38 1
2. Principal P	Place of Business	3. Mailing Address	·	 !				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		,	4. FEI Number 59-22	254976	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status		\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Address	of New Registered	Agent	
			ļ	Name				}
RYDZIK, FREDERICK 1741 BLACKROCK COURT NEW PORT RICHEY FL 34655			-	Street Address (P.O. Box Number is Not Acceptable)				
NEW PU	RI RICHET FL 34655		}	City		FL	Zip Cod	e
9 The chave	named entity submits this statement fo	the purpose of changing its		d office or register	ad agant or both in the			and account
	claimed entity submits this statement to	es Asilo	registered	d office or register	ed agent, or point, in the s	7 - 21		and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered /	Agent signature required	when reinstating)	DATE		
After Sept	FILE NOW: FEE IS \$61.25 ember 10, 2003, min will be \$2		ontribution	n. 🗆	\$5.00 May Be Added to Fees	Make Check Florida Depart	ment of S	State
10. ′	OFFICERS AND DIF		11.		ADDITIONS/CHANGES T	O OFFICERS AND DIF		
TITLE NAMÉ	P Rydzik, Fred	☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS	1741 BLACKROCK CT		NAME STREET	ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		CITY-S	· · · · · · · · · · · · · · · · · · ·				- 1
TITLE	D							
NAME	BOSELLI, ALDO	Delete	TITLE				☐ Channe	Addition
		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS	1960 OVERVIEW DRIVE	☐ Delete	NAME	ADDRESS			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	1960 OVERVIEW DRIVE NEW PORT-RICHEY FL-34655	☐ Delete	NAME	ſ	-	ing the state of t	Change	Addition
	1960 OVERVIEW DRIVE NEW PORT-RICHEY FL-34655 D	☐ Delete	NAME STREET	ſ	-		☐ Change	Addition
CITY-ST-ZIP=	1960 OVERVIEW DRIVE NEW PORT-RICHEY FL-34655 D AMUNDSON, GARY		NAME STREET CITY-S TITLE NAME	T-ZIP		in the second		<u> </u>
TITLE NAME STREET ADDRESS	1960 OVERVIEW DRIVE NEW PORT-RICHEY FL 34655 D AMUNDSON, GARY 6446 ARBOR DRIVE		NAME STREET CITY-S' TITLE NAME STREET	T-ZIP		ng or the section		<u> </u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1960 OVERVIEW DRIVE NEW PORT-RICHEY FL- 34655 D AMUNDSON, GARY 6446 ARBOR DRIVE NEW PORT RICHEY FL 34655	☐ Delete	NAME STREET CITY-S' TITLE NAME STREET CITY-S'	T-ZIP ADDRESS T-ZIP	× 00		Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1960 OVERVIEW DRIVE NEW PORT-RICHEY FL- 34655 D AMUNDSON, GARY 6446 ARBOR DRIVE NEW PORT RICHEY FL 34655	☐ Delete	NAME STREET NAME STREET CITY-S' TITLE NAME NAME NAME	ADDRESS T-ZIP DIREC JEFF	TOR REY FONTAINE 5 AMITY CT		Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1960 OVERVIEW DRIVE NEW PORT-RICHEY FL 34655 D AMUNDSON, GARY 6446 ARBOR DRIVE NEW PORT RICHEY FL 34655 VP VAN VOORHIS, DON 1604 BELLTOWER NEW PORT RICHEY FL 34655 D	☐ Delete	NAME STREET NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET	ADDRESS T-ZIP DIRECT JEFF 2225 T-ZIP VICE	REY FONTAINE 5 Amity CT POET RICHEY FI PRESIDENT	234655	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1960 OVERVIEW DRIVE NEW PORT-RICHEY FL 34655 D AMUNDSON, GARY 6446 ARBOR DRIVE NEW PORT RICHEY FL 34655 VP VAN VOORHIS, DON 1604 BELLTOWER NEW PORT RICHEY FL 34655 D MOBLEY, DEBORAH	□ Delete Delete	NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-SI TITLE NAME NAME	ADDRESS T-ZIP DIRECT JEFF 2225 T-ZIP VICE	REY FONTAINE 5 Amity CT POET RICHEY FI PRESIDENT	234655	☐ Change	Addition Addition
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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 DIRECTO

7-2403

Daytime Phone #