

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766203

Entity Name: OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**6332 CHISWICK CT.
NEW PORT RICHEY, FL 34655**Current Mailing Address:**6332 CHISWICK CT.
NEW PORT RICHEY, FL 34655 US**FEI Number:** 59-2254976**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPENCE, PATRICIA
6403 CHISWICK COURT
NEW PORT RICHEY, FL 34655 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	ROSIN, DAVID
Address	6332 CHISWICK CT
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	TREASURER
Name	SPENCE, PATRICIA
Address	6403 CHISWICK COURT
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	DIRECTOR
Name	MCCORMICK, JOHN
Address	6413 GOVERNORS DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	DIRECTOR
Name	EMANUEL, MIKE
Address	6719 RIDGE TOP DRIVE
City-State-Zip:	NEW PORT RICHEY, FL FL 34655

Title	DIRECTOR
Name	WILLIAMS, JOHN
Address	6631 RIDGE TOP DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	DIRECTOR
Name	MABRY, RANDY
Address	1613 WINDEMERE COURT
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	SECRETARY
Name	ROSIN, JULIE
Address	6332 CHISWICK COURT
City-State-Zip:	NEW PORT RICHEY FL 34655

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA SPENCE**TREASURER****03/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date