

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19468

Entity Name: OAKRIDGE OFFICE CENTER CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 18, 2016
Secretary of State
CC7625345770**Current Principal Place of Business:**13311 WINDING OAK CT.
TAMPA, FL 33612**Current Mailing Address:**P. O. BOX 82068
TAMPA, FL 33682**FEI Number: 59-3735160****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FEUTZ, JAMES R
1354 ECKLES DRIVE
TAMPA, FL 33612 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 PS/D
Name KRAMER, JAMES
Address 13311 WINDING OAK CT.
City-State-Zip: TAMPA FL 33612Title VP/D
Name FEUTZ, VICKIE
Address P.O. BOX 82068
City-State-Zip: TAMPA FL 33682Title T/D
Name FEUTZ, JAMES R
Address P.O. BOX 82068
City-State-Zip: TAMPA FL 33682Title VP/D
Name AMBS, ANDY
Address 13302 WINDING OAK COURT, SUITE B
City-State-Zip: TAMPA FL 33612Title VP/D
Name BISHOFF, DUANE
Address 13306 WINDING OAK CT
City-State-Zip: TAMPA FL 33612Title VP/D
Name LABARBERA, MICHAEL
Address 13309 WINDING OAK COURT
City-State-Zip: TAMPA FL 33612

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: JAMES R. FEUTZ**TREASURER****01/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date