

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N93000000303

**Entity Name:** OAKRIDGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2000 MONTCLAIR RD.  
LEESBURG, FL 34748

**Current Mailing Address:**

POST OFFICE BOX 492228  
LEESBURG, FL 34749 US

**FEI Number:** 59-3164132

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORRISON, FRED A  
1000 W MAIN ST  
LEESBURG, FL 34748 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 DIRECTOR  
Name CHILDS, TERESA  
Address 2083 MONTCLAIR ROAD  
City-State-Zip: LEESBURG FL 34748

Title TREASURER, DIRECTOR  
Name MORAN, CHARLES  
Address 2081 MONTCLAIR ROAD  
City-State-Zip: LEESBURG FL 34748

Title PRESIDENT, DIRECTOR  
Name ARNOLD, ROBERT  
Address 2063 MONTCLAIR ROAD  
City-State-Zip: LEESBURG FL 34748

Title SECRETARY, DIRECTOR  
Name RANSON, BETTE  
Address 2005 MONTCLAIR ROAD  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name WIENEN, RONALD  
Address 2004 MONTCLAIR ROAD  
City-State-Zip: LEESBURG FL 34748

*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:** ROBERT ARNOLD

**PRESIDENT**

**03/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date