FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766203** **(4)**

1. Corporation Name

OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6505 CORONET DR. NEW PORT RICHEY FL 34655	6505 CORONET DR. NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/20/1982**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2254976** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LINES, DOUGLAS A
6505 CORONET DR.
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☐ Change ☑ Addition
NAME	CIAMPI, GEORGE	12 NAME	DOUGLAS A. LINES	
STREET ADDRESS	1237 LITTLEFIELD DR	13 STREET ADDRESS	6505 CORONET DR.	
CITY ST ZIP	NEW PORT RICHEY FL	14 CITY ST ZIP	NEW PORT RICHEY FL. 34655	
TITLE	D	21 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME	ZARAKAS, PETER	22 NAME	JOSEPH MOSCATO	
STREET ADDRESS	6704 RIDGETOP DR.	23 STREET ADDRESS	6704 RIDGETOP DR	
CITY ST ZIP	NEW PORT RICHEY FL	24 CITY ST ZIP	NEW PORT RICHEY FL 34655	
TITLE	T	31 TITLE	D	☑ Change ☐ Addition
NAME	LINES, JULIA A	32 NAME	DELETE GEORGE CIAMPI	
STREET ADDRESS	6505 CORONET DR.	33 STREET ADDRESS	(DECEASED)	
CITY ST ZIP	NEW PORT RICHEY FL 34655	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	JONES, JESS	42 NAME		
STREET ADDRESS	6501 RIDGE TOP DR.	43 STREET ADDRESS		
CITY ST ZIP	NEW PORT RICHEY FL 34655	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	JURGENSEN, MIKE	52 NAME		
STREET ADDRESS	6985 CORONET DR.	53 STREET ADDRESS		
CITY ST ZIP	NEW PORT RICHEY FL 34655	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Douglas A. Lines DOUGLAS A. LINES 4-28-95 813-376-8231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067660