

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # 766203 (4)

1. Corporation Name

OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

6505 CORONET DR.
NEW PORT RICHEY FL 34655

Mailing Address

6505 CORONET DR.
NEW PORT RICHEY FL 34655

3. Date Incorporated or Qualified
12/20/1982

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **2214 OVERVIEW DR.**

26 **2214 OVERVIEW DR**

4. FEI Number
59-2254976

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

23 **NEW PORT RICHEY, FL**

28 **NEW PORT RICHEY, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **34655**

25 **USA**

29 **34655**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **KEITH POTTER**
82 Street Address (P.O. Box Number is Not Acceptable) **2214 OVERVIEW DR**
83
84 City **NEW PORT RICHEY** **FL** 85 Zip Code **34655**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LINES, DOUGLAS A	
STREET ADDRESS	6505 CORONET DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZARAKAS, PETER	
STREET ADDRESS	6704 RIDGETOP DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LINES, JULIA A	
STREET ADDRESS	6505 CORONET DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, JESS	
STREET ADDRESS	6501 RIDGE TOP DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JURGENSEN, MIKE	
STREET ADDRESS	6985 CORONET DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MOSCATO, JOSEPH	
STREET ADDRESS	6704 RIDGETOP DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	KEITH POTTER	
13 STREET ADDRESS	2214 OVERVIEW DR.	
14 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655	
21 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RUDY UDOVICH	
23 STREET ADDRESS	6356 BELLINGHAM CT.	
24 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DOUG LINES	
33 STREET ADDRESS	6505 CORONET DR	
34 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	JOE MOSCATO	
43 STREET ADDRESS	6704 RIDGETOP DR	
44 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	CHARLA GUZIK	
53 STREET ADDRESS	6695 CATALPA DR	
54 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	GEORGE WEBER	
63 STREET ADDRESS	1257 LITTLEFIELD DR.	
64 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

KEITH POTTER

4-19-96 813-372-0032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)