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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 766203

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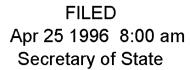
OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6505 CORONET DR. NEW PORT RICHEY FL 34655

6506 CORONET DR. NEW PORT RICHEY FL 34655



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				3. Date Incorporated or Qualified 12/20/1982	3a. Date of Last Report 05/01/1995			
2. Principal Pla		2a. Mailing Address	~~	4. FEI Number	Applied For			
	OUERVIEW DR.	26 2214 OUERI	JIEW DR	59-2254976	Not Applicable			
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required			
City & State		City & State	J <sup>m</sup> .	6. Election Campaign Financing	55.00 May Be			
23 NEW 1	PORT RICHEY, FL	28 NEW PORT KIC		Trust Fund Contribution	Added to Fees			
Zip Country Zip 24 34655 25 USA 29 34655 30		Country US A		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				
81 Name								
LINES, DOUGLAS A B2 Stree				EITH POTTER vidress (P.O. Box Number is Not Acceptable)				
				4 OVERVIEW DR				
	RT RICHEY FL 34655							
			84 Çity		Tee! 7: Oada			
44.0		1047 4500 Florido Photos III	N 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.								
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 reinstalling)  DATE  ADMITTIONIS/CHANGES TO DESICE S AND DIRECTORS IN 12								
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12			
TITLE	P	DELETE	11 TITLE	IP	Change Addition			
NAME	LINES, DOUGLAS A	_	1.2 NAME	KEITH POTTER				
STREET ADDRESS	6505 CORONET DR		1.3 STREET ADDRESS	2214 OVERVIEW DR.				
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>		1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 340	<b>55</b>			
TITLE	D	₩DELETE	21 TITLE	V	Change 🔲 Addition			
NAME	ZARAKAS, PETER	·	2.2 NAME	RUDY UDOVICH				
STREET ADDRESS	6704 RIDGETOP DR.		2 3 STREET ADDRESS	6356 BELLINGHAM CT	ā			
CITY-ST-ZIP	NEW PORT RICHEY FL		2 4 CITY-ST-ZIP	NEW PORT RICHEY, FL :	346 <u>55</u>			
TITLE	T	<b>DEL</b> DETELE	3.1 TITLE	D	Change 🔲 Addition			
NAME	LINES, JULIA A		3.2 NAME	DOUG LINES				
STREET ADDRESS	6505 CORONET DR.		3.3 STREET ADDRESS	4505 CORONET DR				
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		3.4. CITY-ST-ZIP	NEW PORT RICHEY, FL 3	34655			
TITLE	D	DELETE	4.1 TITLE	D	<b>⊠</b> Change ☐ Addition			
NAME	JONES, JESS		4. 2 NAME	VOE MOSCATO				
STREET ADDRESS	6501 RIDGE TOP DR.		4.3 STREET ADDRESS	6704 RIDGETOP DR				
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		4.4 CITY - ST - ZIP	NEW PORT RICHEY, FL	34655			
TITLE	D	<b>⊠</b> DELETE	5.1 TITLE	P	Change 🔲 Addition			
NAME	JURGENSEN, MIKE		5.2 NAME	CHARLA GUZIK				
STREET ADDRESS	6985 CORONET DR.		5.3 STREET ADDRESS	6695 CATALPA DR	34			
CHTY-ST-ZIP	NEW PORT RICHEY FL 34655	Toler eve	5.4 CITY - ST - ZIP	NEW PORT RICHEY, FL				
TITLE	VP	DELETE	6.1 TITLE	D	Change Addition			
NAME	MOSCATO, JOSEPH		6.2 NAME	GEORGE WEBER	2.			
STREET ADDRESS	6704 RIDGETOP DR		6.3 STREET ADDRESS	1123 / 51/1125/1525				
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		6.4 CITY - \$T - ZIP	NEW PORT RICHEY, F	L 39655			

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 or Block or on an attachment with an address.

SIGNATURE: