


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766203 (4)
 1. Corporation Name
OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 2214 OVERVIEW DR NEW PORT RICHEY FL 34655 US	Mailing Address 2214 OVERVIEW DR NEW PORT RICHEY FL 34655 US
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3. Date Incorporated or Qualified 12/20/1982	
4. FEI Number 59-2254976	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
POTTER, KIETH
 2214 OVERVIEW DR
 NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent
 81 Name **DOUGLAS A. LINES**
 82 Street Address (P.O. Box Number is Not Acceptable)
6505 CORONET 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 *Douglas A Lines* DATE **9-9-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POTTER, KEITH 2214 OVERVIEW DR NEW PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V UDOVICH, RUDY 6356 BELLINGHAM CT NEW PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINES, DOUG 6505 CORONET DR NEW PORT RICHEY FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSCATO, JOE 6704 RIDGETOP DR NEW PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZIK, CHARLA 6695 CATALPA DR NEW PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, GEORGE 1257 LITTLEFIELD DR NEW PORT RICHEY FL	<input checked="" type="checkbox"/> DELETE	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P LINES, DOUGLAS A. 6505 CORONET DR NEW PORT RICHEY FL. 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V RYDZIK, FRED 1741 BLACKROCK CT NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D AGGETT, JIM 6602 WINDING BROOK DR. NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D GIOIOSO, ED 2110 OVERVIEW DR NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D GROGAN, MAGGIE 6351 WINDING BROOK DR NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D TRUBIA, LEN 62033 ACADEMY CT NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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* Date **Sept. 9, 1998** Daytime Phone # **727-376-8231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/11/98

CR2E037 (5/98)