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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -8 AM 11:59

DOCUMENT # 766203

1. Corporation Name
OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
2214 OVERVIEW DR
NEW PORT RICHEY FL 34655
US
1741 BLACKROCK CT
NEW PORT RICHEY, FL
34655
US

Mailing Address
2214 OVERVIEW DR
NEW PORT RICHEY FL 34655
US
1741 BLACKROCK CT.
NEW PORT RICHEY, FL.
34655
US.



21	2. Principal Place of Business 1741 BLACKROCK CT	22	2a. Mailing Address 1741 BLACKROCK CT	23	3. Date Incorporated or Qualified 12/20/1982
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	24	4. FEI Number 59-2254976
23	City & State NEW PORT RICHEY, FL	28	City & State NEW PORT RICHEY, FL	25	5. Certificate of Status Desired <input type="checkbox"/>
24	Zip 34655	29	Zip 34655	26	5. Certificate of Status Desired <input type="checkbox"/>
25	Country USA	30	Country USA	27	5. Certificate of Status Desired <input type="checkbox"/>
26	Country USA	31	Country USA	28	5. Certificate of Status Desired <input type="checkbox"/>
27	Country USA	32	Country USA	29	5. Certificate of Status Desired <input type="checkbox"/>
28	Country USA	33	Country USA	30	5. Certificate of Status Desired <input type="checkbox"/>
29	Country USA	34	Country USA	31	5. Certificate of Status Desired <input type="checkbox"/>
30	Country USA	35	Country USA	32	5. Certificate of Status Desired <input type="checkbox"/>
31	Country USA	36	Country USA	33	5. Certificate of Status Desired <input type="checkbox"/>
32	Country USA	37	Country USA	34	5. Certificate of Status Desired <input type="checkbox"/>
33	Country USA	38	Country USA	35	5. Certificate of Status Desired <input type="checkbox"/>
34	Country USA	39	Country USA	36	5. Certificate of Status Desired <input type="checkbox"/>
35	Country USA	40	Country USA	37	5. Certificate of Status Desired <input type="checkbox"/>
36	Country USA	41	Country USA	38	5. Certificate of Status Desired <input type="checkbox"/>
37	Country USA	42	Country USA	39	5. Certificate of Status Desired <input type="checkbox"/>
38	Country USA	43	Country USA	40	5. Certificate of Status Desired <input type="checkbox"/>
39	Country USA	44	Country USA	41	5. Certificate of Status Desired <input type="checkbox"/>
40	Country USA	45	Country USA	42	5. Certificate of Status Desired <input type="checkbox"/>
41	Country USA	46	Country USA	43	5. Certificate of Status Desired <input type="checkbox"/>
42	Country USA	47	Country USA	44	5. Certificate of Status Desired <input type="checkbox"/>
43	Country USA	48	Country USA	45	5. Certificate of Status Desired <input type="checkbox"/>
44	Country USA	49	Country USA	46	5. Certificate of Status Desired <input type="checkbox"/>
45	Country USA	50	Country USA	47	5. Certificate of Status Desired <input type="checkbox"/>
46	Country USA	51	Country USA	48	5. Certificate of Status Desired <input type="checkbox"/>
47	Country USA	52	Country USA	49	5. Certificate of Status Desired <input type="checkbox"/>
48	Country USA	53	Country USA	50	5. Certificate of Status Desired <input type="checkbox"/>
49	Country USA	54	Country USA	51	5. Certificate of Status Desired <input type="checkbox"/>
50	Country USA	55	Country USA	52	5. Certificate of Status Desired <input type="checkbox"/>
51	Country USA	56	Country USA	53	5. Certificate of Status Desired <input type="checkbox"/>
52	Country USA	57	Country USA	54	5. Certificate of Status Desired <input type="checkbox"/>
53	Country USA	58	Country USA	55	5. Certificate of Status Desired <input type="checkbox"/>
54	Country USA	59	Country USA	56	5. Certificate of Status Desired <input type="checkbox"/>
55	Country USA	60	Country USA	57	5. Certificate of Status Desired <input type="checkbox"/>
56	Country USA	61	Country USA	58	5. Certificate of Status Desired <input type="checkbox"/>
57	Country USA	62	Country USA	59	5. Certificate of Status Desired <input type="checkbox"/>
58	Country USA	63	Country USA	60	5. Certificate of Status Desired <input type="checkbox"/>
59	Country USA	64	Country USA	61	5. Certificate of Status Desired <input type="checkbox"/>
60	Country USA	65	Country USA	62	5. Certificate of Status Desired <input type="checkbox"/>
61	Country USA	66	Country USA	63	5. Certificate of Status Desired <input type="checkbox"/>
62	Country USA	67	Country USA	64	5. Certificate of Status Desired <input type="checkbox"/>
63	Country USA	68	Country USA	65	5. Certificate of Status Desired <input type="checkbox"/>
64	Country USA	69	Country USA	66	5. Certificate of Status Desired <input type="checkbox"/>
65	Country USA	70	Country USA	67	5. Certificate of Status Desired <input type="checkbox"/>
66	Country USA	71	Country USA	68	5. Certificate of Status Desired <input type="checkbox"/>
67	Country USA	72	Country USA	69	5. Certificate of Status Desired <input type="checkbox"/>
68	Country USA	73	Country USA	70	5. Certificate of Status Desired <input type="checkbox"/>
69	Country USA	74	Country USA	71	5. Certificate of Status Desired <input type="checkbox"/>
70	Country USA	75	Country USA	72	5. Certificate of Status Desired <input type="checkbox"/>
71	Country USA	76	Country USA	73	5. Certificate of Status Desired <input type="checkbox"/>
72	Country USA	77	Country USA	74	5. Certificate of Status Desired <input type="checkbox"/>
73	Country USA	78	Country USA	75	5. Certificate of Status Desired <input type="checkbox"/>
74	Country USA	79	Country USA	76	5. Certificate of Status Desired <input type="checkbox"/>
75	Country USA	80	Country USA	77	5. Certificate of Status Desired <input type="checkbox"/>
76	Country USA	81	Country USA	78	5. Certificate of Status Desired <input type="checkbox"/>
77	Country USA	82	Country USA	79	5. Certificate of Status Desired <input type="checkbox"/>
78	Country USA	83	Country USA	80	5. Certificate of Status Desired <input type="checkbox"/>
79	Country USA	84	Country USA	81	5. Certificate of Status Desired <input type="checkbox"/>
80	Country USA	85	Country USA	82	5. Certificate of Status Desired <input type="checkbox"/>
81	Country USA	86	Country USA	83	5. Certificate of Status Desired <input type="checkbox"/>
82	Country USA	87	Country USA	84	5. Certificate of Status Desired <input type="checkbox"/>
83	Country USA	88	Country USA	85	5. Certificate of Status Desired <input type="checkbox"/>
84	Country USA	89	Country USA	86	5. Certificate of Status Desired <input type="checkbox"/>
85	Country USA	90	Country USA	87	5. Certificate of Status Desired <input type="checkbox"/>
86	Country USA	91	Country USA	88	5. Certificate of Status Desired <input type="checkbox"/>
87	Country USA	92	Country USA	89	5. Certificate of Status Desired <input type="checkbox"/>
88	Country USA	93	Country USA	90	5. Certificate of Status Desired <input type="checkbox"/>
89	Country USA	94	Country USA	91	5. Certificate of Status Desired <input type="checkbox"/>
90	Country USA	95	Country USA	92	5. Certificate of Status Desired <input type="checkbox"/>
91	Country USA	96	Country USA	93	5. Certificate of Status Desired <input type="checkbox"/>
92	Country USA	97	Country USA	94	5. Certificate of Status Desired <input type="checkbox"/>
93	Country USA	98	Country USA	95	5. Certificate of Status Desired <input type="checkbox"/>
94	Country USA	99	Country USA	96	5. Certificate of Status Desired <input type="checkbox"/>
95	Country USA	100	Country USA	97	5. Certificate of Status Desired <input type="checkbox"/>

9. Name and Address of Current Registered Agent
LINES, DOUGALS A
6508 CORONET DR
NEW PORT RICHEY FL 34655
FREDERICK RYDZIK
1741 BLACKROCK CT
NEW PORT RICHEY, FL
34655

10. Name and Address of New Registered Agent
81 Name
FREDERICK RYDZIK
82 Street Address (P.O. Box Number is Not Acceptable)
1741 BLACKROCK COURT
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: FREDERICK RYDZIK FREDERICK RYDZIK 9/24/99
Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	BOARD OF DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDZIK, FRED	1.2 NAME	FAITH WIKSTEN
STREET ADDRESS	1741 BLACKROCK CT	1.3 STREET ADDRESS	6433 SWEET GUM DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL, 34655
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGGETT, JIM	2.2 NAME	DON VAN VOORHIS
STREET ADDRESS	6602 WINDING BROOK DR	2.3 STREET ADDRESS	1604 BELLTOWER
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL, 34655
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINES, DOUG	3.2 NAME	FRED RYDZIK
STREET ADDRESS	6505 CORONET DR	3.3 STREET ADDRESS	1741 BLACKROCK CT.
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL, 34655
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	BOARD OF DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIOIOSO, ED	4.2 NAME	LISA DEPEW
STREET ADDRESS	2110 OVERVIEW DR	4.3 STREET ADDRESS	6500 GOVERNORS DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL, 34655
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	BOARD OF DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROOGAN, MAGGIE	5.2 NAME	JIM AGETT
STREET ADDRESS	6351 WINDING BROOK DR	5.3 STREET ADDRESS	6602 WINDING BROOK DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	BOARD OF DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUBIA, LEN	6.2 NAME	MAGGIE GROGAN
STREET ADDRESS	2033 ACADEMY CT	6.3 STREET ADDRESS	6351 WINDING BROOK DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL, 34655

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: FREDERICK RYDZIK 9-24-99 727,372-8905
4-25-99 727-376-8231

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