

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90044 032 \*\*\*\*61.25

**DOCUMENT # 766203**

1. Entity Name

**OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.**

*P*

Principal Place of Business

1741 BLACKROCK COURT  
 NEW PORT RICHEY FL 34655  
 US

Mailing Address

1741 BLACKROCK COURT  
 NEW PORT RICHEY FL 34655  
 US

2. Principal Place of Business

*1741 BLACKROCK CT*

3. Mailing Address

*1741 BLACKROCK CT.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*NEW PORT RICHEY, FL*

City & State

*NEW PORT RICHEY, FL*

4. FEI Number

**59-2254976**

Applied For

Not Applicable

Zip

Country

*34655 USA*

Zip

Country

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RYDZIK, FREDERICK**  
 1741 BLACKROCK COURT  
 NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name *RYDZIK, FREDERICK*

Street Address (P.O. Box Number is Not Acceptable)

*1741 BLACKROCK CT.*

City

*NEW PORT RICHEY*

FL

Zip Code

*34655*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Frederick Rydzik* **FREDERICK RYDZIK**

*08/01/00*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RYDZIK, FRED</b>	
STREET ADDRESS	<b>1741 BLACKROCK CT</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AGGETT, JIM</b>	
STREET ADDRESS	<b>6602 WINDING BROOK DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WIKSTEN, FAITH</b>	
STREET ADDRESS	<b>6433 SWEET GUM DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VAN VOORHIS, DON</b>	
STREET ADDRESS	<b>1604 BELLTOWER</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GROGAN, MAGGIE</b>	
STREET ADDRESS	<b>6351 WINDING BROOK DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEPEW, LISA</b>	
STREET ADDRESS	<b>6500 GOVERNERS RD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>← SAME</b>	
STREET ADDRESS	<b>← SAME</b>	
CITY-ST-ZIP	<b>← SAME</b>	
TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGGETT, JIM</b>	
STREET ADDRESS	<b>6602 WINDING BROOK DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOSELLI, ALDO</b>	
STREET ADDRESS	<b>1960 OVERVIEW DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN VOORHIS, DON</b>	
STREET ADDRESS	<b>1604 BELLTOWER DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAMUEL MENTO</b>	
STREET ADDRESS	<b>327 SUN HIGH DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34655</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>← SAME</b>	
STREET ADDRESS	<b>← SAME</b>	
CITY-ST-ZIP	<b>← SAME</b>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Frederick Rydzik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/1/00*

DATE

*(W) 727 836 3900, 3806*

*(H) 727 372 8905*

DAYTIME PHONE #

CR2E037 (5/00)