


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 767101 1. Entity Name OAK RIDGE MAINTENANCE AND PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 240 SOUTH PINEAPPLE AVENUE P.O. BOX 49948 SARASOTA, FL 34230-6948	Mailing Address 3955 BERLIN DR SARASOTA, FL 34233 US
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2282800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHASE, STEVEN J., ESQ.
240 PINEAPPLE AVENUE
SARASOTA, FL 34230-6948**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENRY, BILL 3943 BERLIN DR. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZDRAVKOVICH, PATRICIA 3955 BERIN DRIVE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARRIS, MIKE 3936 BERLIN DR. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAISER, BARBARA 3993 BERLIN DR SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/18/08-80030-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Patricia Zdravkovich, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA ZDRAVKOVICH

1-6-08 941-924-2395

Date Daytime Phone #