

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771335

FILED
Feb 23, 2009
Secretary of State

Entity Name: OAK RIDGE PARK ASSOCIATION, INC.

Current Principal Place of Business:

2901 VINE LANE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

2901 VINE LANE
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 59-2504662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE JAY COLLINS & ASSOCIATES PA
STE. 1107 FIRST UNION BLDG.
20 NORTH ORANGE AVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PORTER, LARRY
Address: 2930 VINE LN
City-St-Zip: SEBRING, FL 33870

Title: VPD () Delete
Name: YOUNG, RALPH
Address: 3048 VINA LN
City-St-Zip: SEBRING, FL 33870

Title: TD () Delete
Name: BELCHER, PATRICIA
Address: 2920 CACTUS LN
City-St-Zip: SEBRING, FL 33870

Title: SD () Delete
Name: JAMISON, NANCY
Address: 2722 MELON LN
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: GRECCO, TONY
Address: 2732 BOLIN LN
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JAMISON, NANCY
Address: 2722 MELON LANE
City-St-Zip: SEBRING, FL 33870

Title: VPD (X) Change () Addition
Name: GRECCO, ANTHONY
Address: 2732 BOLIN LANE
City-St-Zip: SEBRING, FL 33870

Title: TD (X) Change () Addition
Name: NELIGAN, M.FRANCES
Address: 3029 MELON LANE
City-St-Zip: SEBRING, FL 33870

Title: SD (X) Change () Addition
Name: MCCALL, PATRICIA
Address: 2941 MELON LANE
City-St-Zip: SEBRING, FL 33870

Title: D (X) Change () Addition
Name: STANLEY, WILLIAM
Address: 3009 MELON LANE
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. FRANCES NELIGAN

TD

02/23/2009

Electronic Signature of Signing Officer or Director

Date