2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007310

FILED Apr 05, 2012 Secretary of State

Entity Name: THE RESERVE AT OAK RIDGE PROPERTY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5837 TROUBLE CREEK RD 5837 TROUBLE CREEK RD N PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

5837 TROUBLE CREEK RD
N PORT RICHEY, FL 34652

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

FEI Number: 59-3729213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK RD
N PORT RICHEY, FL 34652 US

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

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: 04/05/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PD

Name: SANDKUHL, SANDRA
Address: 5837 TROUBLE CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD

Name: BRIERLEY, CHRIS

Address: 5837 TROUBLE CREEK ROAD City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD

Name: HUBBARD, CHRIS

Address: 5837 TROUBLE CREEK ROAD City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD

Name: OLSON, CRYSTAL

Address: 5837 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: KIM JOHNSON RA 04/05/2012