

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000007868**

1. Entity Name

OAK RIDGE HOMEOWNERS' RIGHTS ASSOCIATION, INC.

Principal Place of Business

**1121 SW MEADOW COURT
PALM CITY FL 34990**

Mailing Address

**PO BOX 1791
PALM CITY FL 34991**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**01-0644882
APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNETT, JANE L
401 E OSCEOLA STREET
STUART FL 34994**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CATALDO, DARLENE	
STREET ADDRESS	1164 ARROWHEAD CT	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GREENBERG, HERBERT	
STREET ADDRESS	1127 SW SUNDEW CT	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARMS, GENE	
STREET ADDRESS	1175 SW MIDDLE STREAM CT	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	O'HARA, BARBARA	
STREET ADDRESS	1200 SW ARROWHEAD CT	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALESSIO, GENE	
STREET ADDRESS	2029 SW OAK RIDGE RD	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, ERIN	
STREET ADDRESS	2300 SW OAK RIDGE RD	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glen Wilner	
STREET ADDRESS	1193 SW Middle Stream Court	
CITY-ST-ZIP	Palm City, FL 34990	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Nadaskay	
STREET ADDRESS	2436 SW Hawks Gate Terrace	
CITY-ST-ZIP	Palm City, FL 34990	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Bollig	
STREET ADDRESS	1976 SW Oak Ridge Rd.	
CITY-ST-ZIP	Palm City, FL 34990	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED Susan A. Nadaskay 4/26/02 772-283-2656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)