

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2002 8:00 am
Secretary of State

08-22-2002 90002 033 ****61.25

DOCUMENT # N01000002029

1. Entity Name

OAK RIDGE FARMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1652 RANCH RD.
 NOKOMIS FL 34275

1652 RANCH RD.
 NOKOMIS FL 34275

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

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

LAKER, KATHLEEN A
 1652 RANCH RD.
 NOKOMIS FL 34275

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

SIGNATURE *KATHLEEN LAKER*

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

Kathleen Laker

(NOTE: Registered Agent signature required when reinstating)

Aug 17, 2002

DATE

After September 13, 2002,
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LAKER, KATHLEEN A	
STREET ADDRESS	1652 RANCH RD.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAKER, GERALD D	
STREET ADDRESS	1652 RANCH RD.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROCK, AMMON	
STREET ADDRESS	P. O. BOX 20759	
CITY-ST-ZIP	SARASOTA FL 34276	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *KATHLEEN LAKER*

Aug 17, 2002 941-4000

CR2E037 (4/02)