


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90060 022 \*\*\*\*61.25

**DOCUMENT # N01000002029**

1. Entity Name  
**OAK RIDGE FARMS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**1652 RANCH RD.  
 NOKOMIS, FL 34275**

Mailing Address  
**1652 RANCH RD.  
 NOKOMIS, FL 34275**

**44018079**



2. Principal Place of Business  
**1652 RANCH RD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1652 RANCH RD**  
 Suite, Apt. #, etc.

01162004 Chg-NP CR2E037 (10/03)

City & State  
**NOKOMIS**

City & State  
**NOKOMIS**

4. FEI Number  
**74-3092880**

Applied For  
 Not Applicable

Zip  
**34275**

Country

Zip  
**34275**

Country

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

6. Name and Address of Current Registered Agent

**LAKER, KATHLEEN A  
 1652 RANCH RD.  
 NOKOMIS, FL 34275**

7. Name and Address of New Registered Agent

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** DATE **March 3, 2004**

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

**Filing Fee Is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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** **KATHLEEN LAKER** DATE **3/02/04** DAYTIME PHONE # **941-488-7909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #