


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002029

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



Principal Place of Business 1588 RANCH RD. NOKOMIS, FL 34275	Mailing Address 1588 RANCH RD. NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE



03292006 No Chg-NP CR2E037 (11/05)

4. FEI Number 74-3092880	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCCARTHY, LISA R
 1588 RANCH RD.
 NOKOMIS, FL 34275

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

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, LISA R 1588 RANCH RD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BARBARA E 1588 RANCH RD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROCK, AMMON P. O. BOX 20759 SARASOTA, FL 34278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 information required.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06 (941) 484-1006
Date Daytime Phone #