


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90065 002 \*\*\*\*61.25

**DOCUMENT # N0100002029**

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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



03312008 Chg-NP CR2E037 (12/06)

**6. Name and Address of Current Registered Agent**

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

4. FEI Number  
**74-3092880**

Applied For  
 Not Applicable

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

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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	MCCARTHY, LISA R	
STREET ADDRESS	1588 RANCH RD	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, BARBARA E	
STREET ADDRESS	1588 RANCH RD	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	S	<input type="checkbox"/> Delete
NAME	OESTVEEN, JUDY	
STREET ADDRESS	1617 COLLEEN ST	
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		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oostveen, Judy	
STREET ADDRESS	1617 Colleen St.	
CITY-ST-ZIP	Sarasota, FL 34276	
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 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 an office, like those covered.

**SIGNATURE:** \_\_\_\_\_ **4/1/08** **(941) 484-1006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #