

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009502	
1. Entity Name OAK RIDGE BUSINESS CENTER PROPERTY OWNERS' ASSOCIATION, INC.	
Principal Place of Business 2437 S.E. 17TH ST., STE. 102 OCALA, FL 34471	Mailing Address 2437 S.E. 17TH ST., STE. 102 OCALA, FL 34471



DO NOT WRITE IN THIS SPACE

02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0942478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EHLERS, HENRY A 2437 SE 17TH ST., STE 102 OCALA, FL 34471		DO NOT WRITE IN THIS SPACE
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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 _____
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EHLERS, HENRY A 2437 S.E. 17TH ST., STE. 102 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GLASSMAN, JEROME P.O. BOX 5130 OCALA, FL 344785130
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**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Henry A. Ehlers Pres. Henry A. Ehlers 2/7/05 (352)351-3611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #