
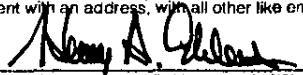


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000009502</b>		
1. Entity Name <b>OAK RIDGE BUSINESS CENTER PROPERTY OWNERS' ASSOCIATION, INC.</b>		
Principal Place of Business <b>2437 S.E. 17TH ST., STE. 102 OCALA, FL 34471</b>	Mailing Address <b>2437 S.E. 17TH ST., STE. 102 OCALA, FL 34471</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>EHLERS, HENRY A 2437 SE 17TH ST., STE 102 OCALA, FL 34471</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 817, 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:  <b>PRES</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Henry A. Ehlers, President</b>		<b>2-27-07</b> <b>(352) 361-3611</b> <small>Date Daytime Phone #</small>



02272007 No Chg-NP CR2E037 (4/06)

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

U000000654311  
03/13/07-80056-018 61.25

**DO NOT WRITE  
IN THIS SPACE**