2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N03000009502

Entity Name: OAK RIDGE BUSINESS CENTER PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2437 S.E. 17TH ST. , STE. 102
OCALA, FL 34471

New Principal Place of Business:

2437 S.E. 17TH STREET
SUITE 102
OCALA, FL 34471

Current Mailing Address:

2437 S.E. 17TH ST. , STE. 102
OCALA, FL 34471

New Mailing Address:

2437 S.E. 17TH STREET
SUITE 102
OCALA, FL 34471

FEI Number: 20-0942478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EHLERS, HENRY A
2437 SE 17TH ST., STE 102
OCALA, FL 34471 US

Name and Address of New Registered Agent:

EHLERS, HENRY A
2437 SE 17TH STREET
SUITE 102
OCALA, FL 34471 US

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.

SIGNATURE: HENRY A. EHLERS 03/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EHLERS, HENRY A
Address: 2437 S.E. 17TH ST. , STE. 102
City-St-Zip: OCALA, FL 34471

Title: VSTD ( ) Delete
Name: GLASSMAN, JEROME
Address: P.O. BOX 5130
City-St-Zip: OCALA, FL 344785130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: EHLERS, HENRY A
Address: 2437 S.E. 17TH STREET, SUITE 102
City-St-Zip: OCALA, FL 34471

Title: VSTD (X) Change ( ) Addition
Name: GLASSMAN, JEROME E
Address: P.O. BOX 5130
City-St-Zip: OCALA, FL 344785130

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY A. EHLERS PD 03/17/2009
Electronic Signature of Signing Officer or Director Date