

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90020 044 ****61.25

DOCUMENT # N04000003920 1. Entity Name OAK RIDGE LAND OWNERS ASSOCIATION, INC.					
Principal Place of Business 3090 S.E. 148TH TERRACE MORRISTON, FL 32668			Mailing Address 3090 S.E. 148TH TERRACE MORRISTON, FL 32668		
2. Principal Place of Business - No P.O. Box # 16787 NW HIGHWAY 464B State, Apt. #, etc.		3. Mailing Address 16787 NW HIGHWAY 464B Suite, Apt. #, etc.			
City & State MORRISTON FL Zip 32668 Country USA		City & State MORRISTON FL Zip 32668 Country		4. FEI Number 20-3109211	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NELSON, ROBERT 16787 N.W. HIGHWAY 464B MORRISTON, FL 32668			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 _____ 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, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, JUVENAL 3201 S.W. 58TH STREET OCALA, FL 34474	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FULLER, RICHARD 3851 S.E. 148TH TERRACE MORRISTON, FL 32668	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NELSON, ROBERT 16787 N.W. HIGHWAY 464B MORRISTON, FL 32668	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHAEL YATES 15455 W HWY 326 MORRISTON, FL 32668 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, TIMOTHY A 16787 N.W. HIGHWAY 464B MORRISTON, FL 32668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIERRA, RUBEN 4011 BLUEGRASS LANE DAVIE, FL 33330	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 like empowered.					
SIGNATURE: _____ Secretary 3/13/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					