2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000003920

1. Entity Name
OAK RIDGE LAND OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16787 NW HIGHWAY 464B MORRISTON, FL 32668	16787 NW HIGHWAY 464B MORRISTON, FL 32668

DO NOT WRITE IN THIS SPACE

06182008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3109211

☐ Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

NELSON, ROBERT
16787 N.W. HIGHWAY 464B
MORRISTON, FL 32668

DO NOT WRITE IN THIS SPACE

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 September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000953337
06/23/08-80001-033 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	YATES, MICHAEL
STREET ADDRESS	15455 W HWY 326
CITY-ST-ZIP	MORRISTON, FL 32668
TITLE	SD
NAME	NELSON, TIMOTHY A
STREET ADDRESS	16787 N.W. HIGHWAY 464B
CITY-ST-ZIP	MORRISTON, FL 32666
TITLE	PD
NAME	SIERRA, RUBEN
STREET ADDRESS	4011 BLUEGRASS LANE
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Robert Nelson 6/19/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #