



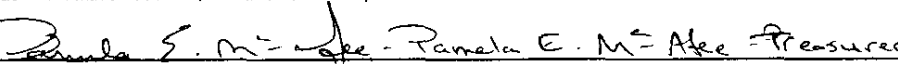
# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90009 047 \*\*\*\*61.25

<b>DOCUMENT # N04060</b> 1. Entity Name <b>OAK RIDGE BUSINESS PARK OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1860 OLD OKEECHOBEE SUITE 204 WEST PALM BEACH, FL 33409 US</b>			Mailing Address <b>1860 OLD OKEECHOBEE SUITE 204 WEST PALM BEACH, FL 33409 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1860 Old Okeechobee Road</b>		3. Mailing Address <b>1860 Old Okeechobee Road</b>			
Suite, Apt. #, etc. <b>Suite 205</b>		Suite, Apt. #, etc. <b>Suite 205</b>			
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach</b>			
Zip <b>33409</b>	Country <b>USA</b>	Zip <b>33409</b>	Country <b>USA</b>	4. FEI Number <b>59-2634811</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WECHSLER, DAN 1860 OLD OKEECHOBEE RD., #106 WEST PALM BEACH, FL 33409</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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.  <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <b>3/5/07</b>  <small>DATE</small> </div> </div>					
<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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>INGUI, ROSEMARIE</b> <b>1860 OLD OKEECHOBEE ROAD SUITE 104</b> <b>WEST PALM BEACH, FL 33409</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WECHSLER, DAN</b> <b>1860 OLD OKEECHOBEE RD. #105</b> <b>WEST PALM BEACH, FL 33409</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GRUBER, DAVID</b> <b>1860 OLD OKEECHOBEE RD. #204</b> <b>WEST PALM BEACH, FL 33409</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCAFFEE, PAMELA</b> <b>1860 OLD OKEECHOBEE ROAD SUITE 205</b> <b>WEST PALM BEACH, FL 33409</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**561-686-6868**  
Daytime Phone #