

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05907

FILED
Jul 05, 2007
Secretary of State

Entity Name: OAK RIDGE PARK LOT OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8991 DANIELS CENTER DRIVE
SUITE 103
FT MYERS, FL 33912

New Principal Place of Business:

8981 DANIELS CENTER DRIVE
SUITE 204
FT MYERS, FL 33912

Current Mailing Address:

8991 DANIELS CENTER DRIVE
SUITE 103
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0070745 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCLEARY, MARK
8991 DANIELS CENTER DRIVE
SUITE 103
FT MYERS, FL 33912 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCLEARY, MARK
Address: 8991 DANIELS CENTER DRIVE
City-St-Zip: FT MYERS, FL 33912

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Delete
Name: GLASE, JIM
Address: 8991 DANIELS CENTER DRIVE
City-St-Zip: FT MYERS, FL 33912

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD () Delete
Name: BROWN, DAVID DR
Address: 8991 DANIELS CENTER DRIVE
City-St-Zip: FT MYERS, FL 33912

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK MCCLEARY

PD

07/05/2007

Electronic Signature of Signing Officer or Director

_____ Date