2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# N06000003994

Entity Name: OAK RIDGE TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

5955 T. G. LEE BLVD
SUITE 300
ORLANDO, FL 32822

Current Mailing Address:

8009 S ORANGE AVENUE
ORLANDO, FL 32809

New Mailing Address:

5955 T. G. LEE BLVD
SUITE 300
ORLANDO, FL 32822

FEI Number: 20-5464630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: EZZARD, MARK
Address: 9549 CROWN PRINCE LANE
City-St-Zip: WINDERMERE, FL 34786

Title: VP ( ) Delete
Name: DELVALLE, BRUCE ESQ
Address: 1122 NORTH MAIN STREET, SUITE A
City-St-Zip: KISSIMMEE, FL 34744

Title: SEC ( ) Delete
Name: DELVALLE, ANDREA
Address: 1122 NORTH MAIN STREET, SUITE A
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 EZZARD P 05/08/2008

Electronic Signature of Signing Officer or Director — Date