

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90016 001 \*\*\*\*61.25

**DOCUMENT # N06000009889**

1. Entity Name  
**OAK RIDGE CONDOMINIUM ASSOCIATION OF DELAND, INC.**



Principal Place of Business  
**2180 WEST SR 434  
STE 5000  
LONGWOOD, FL 32779**

Mailing Address  
**2180 WEST SR 434  
STE 5000  
LONGWOOD, FL 32779**

2. Principal Place of Business - No P.O. Box #  
3. Mailing Address

**60022850**



**PREMIER COMMUNITY MANAGERS INC  
5151 ADANSON ST SUITE 103  
ORLANDO, FL 32804**

**PREMIER COMMUNITY MANAGERS INC  
5151 ADANSON ST SUITE 103  
ORLANDO, FL 32804**

03142008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-8077487**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PREMIER COMMUNITY MANAGERS INC  
5151 ADANSON ST SUITE 103  
ORLANDO, FL 32804**

7. Name and Address of New Registered Agent

Na  
Str. **PREMIER COMMUNITY MANAGERS INC  
5151 ADANSON ST SUITE 103  
ORLANDO, FL 32804**  
City 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]* **3-14-08**  
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, 2008**

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	PD BUSTILLOS, COROMOTO 970 N. SPRING GARDEN AVE. DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD VASQUEZ, ROBERTO 970 N. SPRING GARDEN AVE. DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ORDONEZ, LUSANT 970 N. SPRING GARDEN AVE. DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1580 TRAVERTINE TERRACE SANFORD, FL 32771</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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]* **3-20-08**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #