2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

DOCUMENT# N06358

Entity Name: OAK RIDGE PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2345 BEE RIDGE RD
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

63 SARASOTA CENTER BLVD
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 59-2478610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADI PROPERTY MANAGEMENT
63 SARASOTA CENTER BLVD
SUITE 104
SARASOTA, FL 34240 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:	SD	( ) Delete
Name:	JEFFREY-DEWEL, LESLIE	
Address:	2345 BEE RIDGE ROAD, SUITE 7	
City-St-Zip:	SARASOTA, FL 34239	
Title:	PD	( ) Delete
Name:	WEINTRAUB, R	
Address:	2345 BEE RIDGE RD., SUITE 1	
City-St-Zip:	SARASOTA, FL	
Title:	AS	( ) Delete
Name:	ADI PROPERTY MANAGEM, ENT	
Address:	570 57TH AVE WEST #107	
City-St-Zip:	BRADENTON, FL 34207	
Title:	TD	( ) Delete
Name:	ROSS, STEVE	
Address:	PO BOX 2007	
City-St-Zip:	SARASOTA, FL 34230	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	VECCHIONI, ROBERT	
Address:	2345 BEE RIDGE RD., SUITE 5	
City-St-Zip:	SARASOTA, FL	
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 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: ROBERT VECCHIONI P 04/09/2006

Electronic Signature of Signing Officer or Director — Date