

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06358

FILED
Apr 24, 2008
Secretary of State

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: P () Delete
Name: JEFFREY-DEWEL, LESLIE
Address: 2345 BEE RIDGE ROAD, SUITE 7
City-St-Zip: SARASOTA, FL 34239

Title: SD () Delete
Name: QUIGLEY, THOMAS
Address: 2345 BEE RIDGE RD., SUITE 5
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: S (X) Change () Addition
Name: QUIGLEY, THOMAS
Address: 2345 BEE RIDGE RD., SUITE 5
City-St-Zip: SARASOTA, FL

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

Title: T (X) Change () Addition
Name: ROSS, STEVE
Address: PO BOX 2007
City-St-Zip: SARASOTA, FL 34230

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: JAMES FESTA

AS

04/24/2008

Electronic Signature of Signing Officer or Director

Date