2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90013 018 ****61.25

DOCUMENT # N07000006285

1. Entity Name
OAKRIDGE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2806 W US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055	2806 W US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055

03282008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
127 E. Howard St.	127 E. Howard St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Live Oak, FL	City & State: Live Oak, FL
Zip: 32064 Country: Suwannee	Zip: 32064 Country: Suwannee

4. FEI Number 26-2217873 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRAPPS, DANIEL
2806 W US HIGHWAY 90 SUITE 101
LAKE CITY, FL 32055

7. Name and Address of New Registered Agent

Name: Ronald D. Poole
Street Address (P.O. Box Number is Not Acceptable): 127 E. Howard St
City: Live Oak FL Zip Code: 32064

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, 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	DP CRAPPS, DANIEL 2806 W US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Ronald D. Poole 127 E. Howard St. Live Oak, FL 32064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CRAPPS, MASTON 2806 W US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: _____ 3/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #