FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:18

DOCUMENT # N07852 (9)

1. Corporation Name
OAKRIDGE MOBILE HOME ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% EDWARD SULIER 5210 N RD 33, LOT 69 LAKELAND FL 33805	% EDWARD SULIER 5210 N RD 33, LOT 69 LAKELAND FL 33805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1985
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-3173148 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5210 N SR 33	26 % Charles Leland 5210 N SR 33
Suite, Apt. #, etc. 22 Lot 70	Suite, Apt. #, etc. 27 Lot 70
City & State 23 Lakeland Fl.	City & State 28 Lakeland Fl.
Zip 24 33805 Country 25 USA	Zip 29 33805 Country 30 USA

9. Name and Address of Current Registered Agent

SULIER, EDWARD
5201 SR 33 N #69
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name: Leland, Charles
82 Street Address (P.O. Box Number is Not Acceptable): 5210 N SR 33 Lot 70
83
84 City: Lakeland FL 85 Zip Code: 33805

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Charles Leland CHARLES LELAND 1/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SULIER, EDWARD	1.2 NAME	Sulier, Edward	
STREET ADDRESS	5210 SR 33 N #69	1.3 STREET ADDRESS	5210 N SR 33 lot 69	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland Fl. 33805	
TITLE	VD	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	HARVEY, MAURICE	2.2 NAME	Kesterson, John	
STREET ADDRESS	5210 SR 33 N #7	2.3 STREET ADDRESS	5210 N SR 33 lot82	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland Fl 33805	
TITLE	SD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	LELAND, CHARLES	3.2 NAME	Leland, Charles	
STREET ADDRESS	5210 SR 33 N #70	3.3 STREET ADDRESS	5210 N SR 33 lot 70	
CITY-ST-ZIP	LELAND FL	3.4 CITY-ST-ZIP	Lakeland Fl. 33805	
TITLE	TD	4.1 TITLE	TD TD	☐ Change ☒ Addition X
NAME	GOSSELIN, ARLENE	4.2 NAME	Thompson, Sue	
STREET ADDRESS	5210 SR 33 N #59	4.3 STREET ADDRESS	5210 N SR 33 lot 96	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland Fl. 33805	
TITLE	D	5.1 TITLE	S Bennie	☐ Change ☒ Addition
NAME	HENDERSON, JAMES	5.2 NAME	Shue, Bonnie 40 Lot	
STREET ADDRESS	5210 SR 33 N #67	5.3 STREET ADDRESS	5210 N SR 33 Lot 39	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland Fl 33805	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition X
NAME		6.2 NAME	Howard, Doris	
STREET ADDRESS		6.3 STREET ADDRESS	5210 N SR 33 lot 40	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lakeland, Fl 33805	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles Leland Charles Leland 1/20/95 813 681 3140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0057104