

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N07852 (9)**

1. Corporation Name

**OAKRIDGE MOBILE HOME ASSOCIATION, INC.**



Principal Place of Business

**5210 N. SR 33  
LOT 70  
LAKELAND FL 33805  
US**

Mailing Address

**5210 N. SR. 33 % CHARLES LELAND  
LOT 70  
LAKELAND FL 33805  
US**

3. Date Incorporated or Qualified

**02/26/1985**

3a. Date of Last Report

**02/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LELAND, CHARLES  
5210 N. SR. 33 LOT 70  
LAKELAND FL 33805**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Charles Leland*

**Charles Leland**

**1/17/96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **SULIER, EDWARD**  
STREET ADDRESS **5210 N. SR 33 LOT 70**  
CITY - ST - ZIP **LAKELAND FL**

TITLE **VD** ☒ DELETE  
NAME **HARVEY, MAURICE**  
STREET ADDRESS **5210 SR 33 N #7**  
CITY - ST - ZIP **LAKELAND FL**

TITLE **SD** ☐ DELETE  
NAME **LELAND, CHARLES**  
STREET ADDRESS **5210 SR 33 N #70**  
CITY - ST - ZIP **LAKELAND FL**

TITLE **TD** ☒ DELETE  
NAME **GOSSELIN, ARLENE**  
STREET ADDRESS **5210 SR 33 N #59**  
CITY - ST - ZIP **LAKELAND FL**

TITLE **D** ☒ DELETE  
NAME **HENDERSON, JAMES**  
STREET ADDRESS **5210 SR 33 N #67**  
CITY - ST - ZIP **LAKELAND FL**

TITLE **VD** ☐ DELETE  
NAME **KESTERSON, JOHN**  
STREET ADDRESS **5210 N. SR. 33 LOT 70**  
CITY - ST - ZIP **LAKELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE ☐ Change ☒ Addition  
22 NAME **D James Cartwright**  
23 STREET ADDRESS **5210 SR 33 N #62**  
24 CITY - ST - ZIP **Lakeland FL. 33805**

31 TITLE ☒ Change ☐ Addition  
32 NAME **P/D Leland, Charles**  
33 STREET ADDRESS **5210 N SR 33 #70**  
34 CITY - ST - ZIP **Lakeland, FL. 33805**

41 TITLE ☐ Change ☒ Addition  
42 NAME **T/D Thompson, Sue**  
43 STREET ADDRESS **5210 SR 33 N #96**  
44 CITY - ST - ZIP **Lakeland, FL. 33805**

51 TITLE ☐ Change ☒ Addition  
52 NAME **S/D Shue, Bonnie**  
53 STREET ADDRESS **5210 SR 33 N #39**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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)(k), 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**

**1/17/96**

**941 6831461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)