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Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07852 (9)

1. Corporation Name

OAKRIDGE MOBILE HOME ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5210 N. SR 33  
LOT 70  
LAKELAND FL 33805  
US

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



3. Date Incorporated or Qualified

02/26/1985

4. FEI Number

59-3173148

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 D ☒ DELETE

NAME NADOW, ROBERT  
STREET ADDRESS 5210 N SR 33 LOT 10  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE

NAME CARTWRIGHT, JAMES  
STREET ADDRESS 5210 SR 33 N. #62  
CITY-ST-ZIP LAKELAND FL

TITLE PD ☐ DELETE

NAME LELAND, CHARLES  
STREET ADDRESS 5210 N SR 33 #70  
CITY-ST-ZIP LAKELAND FL

TITLE TD ☐ DELETE

NAME THOMPSON, SUE  
STREET ADDRESS 5210 SR 33 N #96  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE

NAME PAGE, HENRY  
STREET ADDRESS 5210 N SR 33 LOT 77  
CITY-ST-ZIP LAKELAND FL

TITLE VD ☐ DELETE

NAME KESTERSON, JOHN  
STREET ADDRESS 5210 N. SR. 33 LOT 70  
CITY-ST-ZIP LAKELAND FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

Smith, Ruth

5210 N. SR 33 10t 73

Lakeland, Fl. 33805

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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

9416831461

CR2E037 (10/97)