


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07852

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5210 N. SR 33	26	5210 N. SR. 33	02/26/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3173148	
City & State		City & State		Applied For	
23		28		Not Applicable	
LAKELAND FL.		LAKELAND FL		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing	
33805		33805		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			
US		US			

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	HENRY PAGE	
82	Street Address (P.O. Box Number is Not Acceptable)	5210 N. SR 33. LOT 61	
83			
84	City	LAKELAND	FL
85	Zip Code	33805	

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 HENRY PAGE Henry G. Page 1-5-99
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RUTH	1.2 NAME	
STREET ADDRESS	5210 N SR 33 10TH 73	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTWRIGHT, JAMES	2.2 NAME	ROBERT KING
STREET ADDRESS	5210 SR 33 N. #62	2.3 STREET ADDRESS	5210 N SR 33 LOT 60
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	LAKELAND FL 33805
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LELAND, CHARLES	3.2 NAME	CHARLES LELAND
STREET ADDRESS	5210 N SR 33 #70	3.3 STREET ADDRESS	5210 N SR 33 LOT 70
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	LAKELAND FL 33805
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, SUE	4.2 NAME	SUE THOMPSON
STREET ADDRESS	5210 SR 33 N #96	4.3 STREET ADDRESS	5210 SR 33 N #96
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	LAKELAND FL 33805
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, HENRY	5.2 NAME	HENRY PAGE
STREET ADDRESS	5210 N SR 33 LOT 77	5.3 STREET ADDRESS	5210 N SR 33 LOT 61
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	LAKELAND FL 33805
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESTERSON, JOHN	6.2 NAME	
STREET ADDRESS	5210 N. SR. 33 LOT 70	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Henry G. Page HENRY PAGE 1-5-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR: E037 (1/98)