## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07852

Address:

City-St-Zip:

5210 SR 33 N LOT 75

LAKELAND, FL 33805

FILED Jan 31, 2006 Secretary of State

Entity Name: OAKRIDGE MOBILE HOME ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5210 SR 33 N LAKELAND, FL 33805 US **Current Mailing Address: New Mailing Address:** 5210 SR 33 N **LOT 75** LAKELAND, FL 33805 US FEI Number: 59-3173148 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAGE, HENRY ROBAR, STANLEY PRES. 5210 SR 33 N 5210 SR 33 N **LOT 99** LOT 77 LAKELAND, FL 33805 US LAKELAND, FL 33805 US 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. SIGNATURE: SANDRA TURNER 01/31/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DS () Delete () Change () Addition TURNER, SANDRA Name: Name: 5210 SR 33N LOT 94 Address: Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: Title: DP Title: (X) Change ( ) Addition () Delete PAGE, HENRY Name: ROBAR, STANLEY Name: Address: 5210 SR 33 N LOT 99 Address: 5210 SR 33 N LOT 77 City-St-Zip: LAKELAND, FL 33805 City-St-Zip: LAKELAND, FL 33805 Title: () Delete Title: () Change () Addition WEIPPERT, SUE Name: Name: Address: 5210 N. SR. 33 LOT 75 Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: (X) Change ( ) Addition Title: PD ( ) Delete Title: PD RANBERGER, PAT Name: ROBAR, LOIS Name: Address: 5210 N SR 33 LOT 77 Address: 5210 N SR 33 LOT LOT 72 City-St-Zip: LAKELAND, FL 33805 City-St-Zip: LAKELAND, FL 33805 Title: DVP () Delete Title: (X) Change ( ) Addition ROBAR, STANLEY ROBAR, LOIS Name: Name: 5210 SR 33 N LOT 77 5210 SR 33 N LOT 74 Address: Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: LAKELAND, FL 33805 Title: () Delete Title: () Change () Addition WEIPPERT, ED Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SANDRA TURNER SEC 01/31/2006