2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# N07852

Entity Name: OAKRIDGE MOBILE HOME ASSOCIATION, INC.

Current Principal Place of Business:

5210 SR 33 N
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

5210 SR 33 N
LOT 75
LAKELAND, FL 33805 US

New Mailing Address:

FEI Number: 59-3173148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBAR, STANLEY PRES.
5210 SR 33 N
LOT 77
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DS	( ) Delete
Name:	TURNER, SANDRA	
Address:	5210 SR 33N LOT 94	
City-St-Zip:	LAKELAND, FL 33805	
Title:	DP	( ) Delete
Name:	ROBAR, STANLEY	
Address:	5210 SR 33 N LOT 77	
City-St-Zip:	LAKELAND, FL 33805	
Title:	DT	( ) Delete
Name:	WEIPPERT, SUE	
Address:	5210 N. SR. 33 LOT 75	
City-St-Zip:	LAKELAND, FL 33805	
Title:	PD	( ) Delete
Name:	RANBERGER, PAT	
Address:	5210 N SR 33 LOT LOT 72	
City-St-Zip:	LAKELAND, FL 33805	
Title:	DVP	( ) Delete
Name:	ROBAR, LOIS	
Address:	5210 SR 33 N LOT 74	
City-St-Zip:	LAKELAND, FL 33805	
Title:	D	( ) Delete
Name:	WEIPPERT, ED	
Address:	5210 SR 33 N LOT 75	
City-St-Zip:	LAKELAND, FL 33805	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DVP	(X) Change ( ) Addition
Name:	BAAS, JIM	
Address:	5210 SR 33 N LOT 99	
City-St-Zip:	LAKELAND, FL 33805	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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.

SIGNATURE: SANDRA TURNER DS 04/09/2007
Electronic Signature of Signing Officer or Director — Date