

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0023812

DOCUMENT # N13267

1. Entity Name

**OCALA RIDGE ESTATES PROPERTY OWNERS' ASSOCIATION
, INC. ****

Principal Place of Business

Mailing Address

**% ORTEGA AND COMPANY, P.A.
2307 DOUGLAS RD. SUITE 302
MAIMI FL 33145**

**% ORTEGA AND COMPANY, P.A.
2307 DOUGLAS RD. SUITE 302
MAIMI FL 33145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2725055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER, KAREN LEVIN
625 N. FLAGLER DR.
WEST PALM BEACH FL 33401**

Name

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

City

FL

Zip Code

8. 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.

**** AS ALL THE REGISTERED LOTS ARE SOLD, THIS CORPORATION IS CLOSED.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **FERNANDEZ, JOSE RAFAEL**
STREET ADDRESS **CALLE 56 BB-1A**
CITY-ST-ZIP **BAYAMON PR**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **SANCHEZ, ELENA MEJIAS**
STREET ADDRESS **363 BOLIVAR ST.**
CITY-ST-ZIP **SANTURCE PR**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LUIS F. FERNANDEZ PENA**
STREET ADDRESS **CALLE 56, BB-1A-SANTA TER**
CITY-ST-ZIP **BAYAMON PR**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
JOSE RAFAEL FERNANDEZ

03-27-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)