

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N19364

1. Entity Name
**OAKRIDGE ESTATES HOMEOWNERS' ASSOCIATION,
INC.**



Principal Place of Business

**36181 E. LAKE RD.
BOX 273
PALM HARBOR, FL 34685**

Mailing Address

**36181 E. LAKE RD.
BOX 273
PALM HARBOR, FL 34685**



01182006 No Chg-NP

CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2876113

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**GATTO, R.L.
2977 BRADFORD CIRCLE
PALM HARBOR, FL 34685**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TOYE, PHILLIP
3039 BRADFORD CIR.
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GATTO, R.L.
2977 BRADFORD CIRCLE
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
JOHNSON, HARY
BRADFORD CIRCLE
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BRANNOCK, BRIAN
BRADFORD CIRCLE
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, HARRY
3000 BRADFORD CIR
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRIDE, THOMAS
2996 BRADFORD CIR
PALM HARBOR, FL 34685**

U00000396631
01/30/06-80018-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

727-799-1871