


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 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
DO NOT WRITE IN THIS SPACE		
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 <u><i>R. L. Gatto</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/30/07</u>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000617148 02/07/07-80064-004 61,25
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	TOYE, PHILLIP	
STREET ADDRESS	3039 BRADFORD CIR.	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	TD	
NAME	GATTO, R.L.	
STREET ADDRESS	2977 BRADFORD CIRCLE	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	VPD	
NAME	JOHNSON, HARY	
STREET ADDRESS	BRADFORD CIRCLE	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	VP	
NAME	BRANNOCK, BRIAN	
STREET ADDRESS	BRADFORD CIRCLE	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	D	
NAME	JOHNSON, HARRY	
STREET ADDRESS	3000 BRADFORD CIR	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	D	
NAME	BRIDE, THOMAS	
STREET ADDRESS	2996 BRADFORD CIR	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
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: <u><i>R. L. Gatto</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/30/07 727-789-1871 Date Daytime Phone #