

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 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**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2876113

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000778746
01/11/08-80009-015 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
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

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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 #