2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N24157

Entity Name: OAK RIDGE COURT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1954 OAKRIDGE COURT
CLEARWATER, FL 337591604

New Principal Place of Business:

Current Mailing Address:

1954 OAKRIDGE COURT
CLEARWATER, FL 337591604

New Mailing Address:

FEI Number: 59-3319609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, GERALD
1942 OAKRIDGE COURT
CLEARWATER, FL 337591604 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: PD ( ) Delete
Name: O'BRIEN, RALPH
Address: 1954 OAKRIDGE CT
City-St-Zip: CLEARWATER, FL 337591604

Title: TD ( ) Delete
Name: HARGETT, HOLLY
Address: 1949 OAKRIDGE COURT
City-St-Zip: CLEARWATER, FL 337591604

Title: SD ( ) Delete
Name: GURLEY, MARK
Address: 1943 OAKRIDGE CT.
City-St-Zip: CLEARWATER, FL 337591604

Title: VPD ( ) Delete
Name: HARGETT, MICHAEL
Address: 1949 OAKRIDGE CT
City-St-Zip: CLEARWATER, FL 33759

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:

I hereby certify that the information supplied with this filing does not qualify 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: RALPH OBRIEN PD 04/27/2007

Electronic Signature of Signing Officer or Director — Date