

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24157

FILED  
May 10, 2008  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KLEIN, GERALD  
1942 OAKRIDGE COURT  
CLEARWATER, FL 337591604 US

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

PRES

05/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date