2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24157

FILED Apr 29, 2009 Secretary of State

Entity Name: OAK RIDGE COURT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1954 OAKRIDGE COURT 1943 OAKRIDGE COURT CLEARWATER, FL 337591604 CLEARWATER, FL 337591604 **Current Mailing Address: New Mailing Address:** 1954 OAKRIDGE COURT 1943 OAKRIDGE COURT CLEARWATER, FL 337591604 CLEARWATER, FL 337591604 FEI Number: 59-3319609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLEIN, GERALD 1942 ÓAKRIDGE 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete O'BRIEN, RALPH PALOMINO, BARBARA Name: Name: 1954 OAKRIDGE CT Address: 1936 OAKRIDGE CT Address: City-St-Zip: CLEARWATER, FL 337591604 City-St-Zip: CLEARWATER, FL 337591604 (X) Change () Addition Title: () Delete Title: HARGETT, HOLLY Name: PATRICIA, GURLEY Name: Address: 1949 OAKRIDGE COURT Address: 1943 OAKRIDGE COURT City-St-Zip: CLEARWATER, FL 337591604 City-St-Zip: CLEARWATER, FL 337591604 Title: () Delete Title: (X) Change () Addition GURLEY, MARK GURLEY, MARK Name: Name: 1943 OAKRIDGE CT. 1943 OAKRIDGE CT. Address: Address: City-St-Zip: CLEARWATER, FL 337591604 City-St-Zip: CLEARWATER, FL 337591604 Title: VPD () Delete Title: () Change () Addition Name: HARGETT, MICHAEL Name: Address: 1949 OAKRIDGE CT Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: Title: () Delete Title: () Change (X) Addition OBRIEN, RALPH Name: Name: 1954 OAKRIDGE CT. Address: Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33759

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 D 04/29/2009