

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25299

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** OAK RIDGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AWAKENING ASSOC. MGMT., INC.  
4213 COUNTY RD 218 SUITE 1  
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AWAKENING ASSOC. MGMT., INC.  
4213 COUNTY RD 218 SUITE 1  
MIDDLEBURG, FL 32068 US

**New Mailing Address:**

**FEI Number:** 57-0864477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELCOMYN, VINA  
4213 COUNTY ROAD, 218, STE 1  
MIDDLEBURG, FL 32068 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: D ( ) Delete  
Name: BROSCHER, ERIC  
Address: 2300 12 OAKS DR K4  
City-St-Zip: ORANGE PARK, FL 32065

Title: DP ( ) Delete  
Name: DENNING, PATRICIA  
Address: 2300 TWELVE OAKS DR K-6  
City-St-Zip: ORANGE PARK, FL 32065

Title: DT ( ) Delete  
Name: COCHRAN, JUDITH  
Address: 2300 TWELVE OAKS DRIVE, #K-5  
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete  
Name: TEACHEY, RONALD  
Address: P.O. BOX 1191  
City-St-Zip: ORANGE PARK, FL 32067

Title: DVP ( ) Delete  
Name: SALAZAR, DEBBIE  
Address: 2300 TWELVE OAKS DR #K-3  
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete  
Name: ENGLAND, JUNE  
Address: 2300 TWELVE OAKS DR JL  
City-St-Zip: ORANGE PARK, FL 32065

**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:

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 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: PATRICIA DENNING

PRES

04/12/2007

Electronic Signature of Signing Officer or Director

Date