2001 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
Mar 07, 2001 8:00 am
Secretary of State
02-06-2001 90230 021 ****61.25

DOCUMENT # N35346

1. Entity Name

OAK RIDGE ESTATES COMBINED PROPERTY OWNERS' ASSO ✓

Principal Place of Business	Mailing Address
19 HAMMONS RD FROSTPROOF FL 33843 US	19 HAMMONS RD FROSTPROOF FL 33843 US

changed

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
87 Farrer Road Suite, Apt. #, etc.	P.O. Box 484 Suite, Apt. #, etc.
City & State: Frostproof, FL.	City & State: Frostproof FL
Zip: 33843 Country: POLK	Zip: 33843 Country: POLK

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COFER, KEITH B. 19 HAMMONS RD FROSTPROOF FL 33843 changed	Name: Janice Farrer Street Address (P.O. Box Number is Not Acceptable): 87 Farrer Road City: Frostproof FL Zip Code: 33843

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.

SIGNATURE: Janice Farrer — Janice Farrer — 02-01-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT COFER, KEITH B. 19 HAMMONS RD FROSTPROOF FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Director D Janice Farrer 87 Farrer Road Frostproof FL 33843	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RONALD FARRER FARRER FROSTPROOF FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Henry Ware	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MILLER, EDGAR M 21 HAMMONS RD FROSTPROOF FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure Cindy Wingfield 89 Farrer Rd Frostproof FL 33843	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COFER, SANDRA L. 19 HAMMONS RD FROSTPROOF FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Cindy Wingfield 89 Farrer Road Frostproof FL 33843	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Charles Marshall 645 Fazzini Dr. Frostproof FL 33843	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Steven KoplichaK 32 Garcia Ln. Frostproof FL. 33843	☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cynthia Wingfield — Cynthia Wingfield — 02-01-01 — 863 635 4084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #