


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N35359</b> 1. Entity Name THE OAK RIDGE ESTATES, PHASE ELEVEN, PROPERTY OWNERS' ASSOCIATION, INC.																																												
Principal Place of Business 101 E. STUART AVE. C/O JOHN P. FAZZINI LAKE WALES, FL 33853	Mailing Address 101 E. STUART AVE. C/O JOHN P. FAZZINI LAKE WALES, FL 33853																																											
DO NOT WRITE IN THIS SPACE		  02202006 No Chg-NP      CR2E037 (11/05)																																										
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number NOT APPLICABLE</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number NOT APPLICABLE	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																							
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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. I am familiar with, and accept the obligations of registered agent.																																												
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></td><td style="width: 33%; text-align: center;"><small>(NOTE: Registered Agent signature required when reinstating)</small></td><td style="width: 34%; text-align: right;">DATE _____</td></tr></table>			SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____																																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.																																												
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