

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35797** (2)  
1. Corporation Name  
**OAKRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 476 HOLDER FL 34445 US</b>		Mailing Address <b>P.O. BOX 476 HOLDER FL 34445 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
9. Name and Address of Current Registered Agent <b>HOWARD, BRIAN 6202 N. MISTY OAK TERRACE BEVERLY HILLS FL 34465</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE *[Signature]* DATE **4-22-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>HOWARD, BRIAN</b>		1.2 NAME	
STREET ADDRESS <b>6202 N. MISTY OAK TERRACE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>BEVERLY HILLS FL 34465</b>		1.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ANDERSON, JACK I</b>		2.2 NAME <b>HERMANSON, ROBERT W.</b>	
STREET ADDRESS <b>6148 N. WHITE PALM WAY</b>		2.3 STREET ADDRESS <b>6170 N. WHISPERING OAK LOOP</b>	
CITY-ST-ZIP <b>BEVERLY HILLS FL 34465</b>		2.4 CITY-ST-ZIP <b>BEVERLY HILLS, FL 34465</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DRINKHOUSE, BEVERLY</b>		3.2 NAME <b>DRINKHOUSE, BEVERLY</b>	
STREET ADDRESS <b>6148 N. WHITE PALM WAY</b>		3.3 STREET ADDRESS <b>6148 N. WHITE PALM WAY</b>	
CITY-ST-ZIP <b>BEVERLY HILLS FL 34465</b>		3.4 CITY-ST-ZIP <b>BEVERLY HILLS, FL 34465</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHNER, JOHN</b>		4.2 NAME	
STREET ADDRESS <b>94 W. HONEY PALM LOOP</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>BEVERLY HILLS FL 34465</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JARVIS, DARRELL</b>		5.2 NAME <b>DAVIS, CHARLES</b>	
STREET ADDRESS <b>77 W. FOREST OAK PLACE</b>		5.3 STREET ADDRESS <b>6315 N. MISTY OAK TERRACE</b>	
CITY-ST-ZIP <b>BEVERLY HILLS FL 34465</b>		5.4 CITY-ST-ZIP <b>BEVERLY HILLS, FL 34465</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT W. HERMANSON** **4-22-98** **352-489-0728**  
Treas.

CP2E037 (1097)