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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35797

1. Corporation Name

OAKRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 476
HOLDER FL 34445
US

Mailing Address

P.O. BOX 476
HOLDER FL 34445
US

3 5 8 7 5 *
350775 - 90063 - 1



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/26/1989

4. FEI Number

59-3006599

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HOWARD, BRIAN
6202 N. MISTY OAK TERRACE
BEVERLY HILLS FL 34465

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
HOWARD, BRIAN
STREET ADDRESS **6202 N. MISTY OAK TERRACE**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE ☐ DELETE

NAME **T**
HERMANSON, ROBERT W
STREET ADDRESS **6170 N WHISPERING OAK LOOP**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE ☒ DELETE

NAME **D**
DRINKHOUSE, BEVERLY
STREET ADDRESS **6148 N WHITE PALM WAY**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE ☒ DELETE

NAME **D**
SCHNIER, JOHN
STREET ADDRESS **94 W. HONEY PALM LOOP**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE ☒ DELETE

NAME **S**
DAVIS, CHARLES
STREET ADDRESS **6315 N MISTY OAK TERR**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE ☐ DELETE

NAME **BEVERLY HILLS FL 34465**
STREET ADDRESS **6315 N MISTY OAK TERR**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

1.2 NAME **GLEED, JAMES**
1.3 STREET ADDRESS **27 W. BLUE SAGE COURT**
1.4 CITY-ST-ZIP **BEVERLY HILLS, FL. 34465**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

2.2 NAME **DAVIS, BETTY**
2.3 STREET ADDRESS **6315 N. MISTY OAK TERR**
2.4 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

3.2 NAME **HENKEL, LOUISE**
3.3 STREET ADDRESS **6279 N. WHISPERING OAK LOOP**
3.4 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)