2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State
01-16-2001 90090 009 ****61.25

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DOCUMENT # N35797

1. Entity Name

OAKRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCI

Principal Place of Business	Mailing Address
P.O. BOX 476 HOLDER FL 34445 US	P.O. BOX 476 HOLDER FL 34445 US

L00003992

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		*Suite, Apt. #, etc.*	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3006599 ☐ 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
ANDERSON, JACK L 15 W. BLUE SAGE CT. BEVERLY HILLS FL 34465	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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	P TREBON, ARTHUR 76 W. HONEY PALM LOOP BEVERLY HILLS FL 34465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANDERSON, JACK L 15 W. BLUE SAGE CT. BEVERLY HILLS FL 34465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLEED, JAMES 27 W BLUE SAGE CT BEVERLY HILLS FL 34465	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR THOMAS GREEN 6160 N WHITE PALM WAY BEVERLY HILLS, FL 34465
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, DUANE 6165 N. WHISPERING OAKLOOP BEVERLY HILLS FL 34465	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR HARLAND JUNGLES 6129 N WHISPERING OAK LOOP BEVERLY HILLS, FL 34465
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACKENZIE, DOROTHEA 6326 N. MISTY OAK TERRANCE BEVERLY HILLS FL 34465	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR HEINZ THROO 88 W. HONEY PALM LOOP BEVERLY HILLS, FL 34465
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature] **REQUIRED** 1-8-2001 352 465-1548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #