

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90220 002 ****61.25

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04022006 Chg-NP CR2E037 (11/05)

DOCUMENT # N35797 1. Entity Name OAKRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCIATION, INC.					
Principal Place of Business 6055 WHISPERING OAKS LOOP BEVERLY HILLS, FL 34465 US			Mailing Address P.O. BOX 476 HOLDER, FL 34445 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	DAVIS, ELIZABETH		NAME	Joyce Stach	
STREET ADDRESS	91 W. FOREST OAK PL		STREET ADDRESS	6228 N. MISTY OAK TER	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	V	☒ Delete	TITLE	V	☒ Change ☐ Addition
NAME	AYLEWARD, CAROLE		NAME	Joanne Laudicina	
STREET ADDRESS	25 W. OAK BRANCH CT		STREET ADDRESS	36 W. OAK BRANCH CT	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	T	☒ Delete	TITLE	T	☒ Change ☐ Addition
NAME	GREEN, THOMAS		NAME	Paul DuFour	
STREET ADDRESS	6160 N WHITE PKWY		STREET ADDRESS	26 W. Blue Sage Ct	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DUFFY, JAMES		NAME		
STREET ADDRESS	6274 N WHISPERING OAK LOOP		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HOWARD, BRIAN		NAME		
STREET ADDRESS	6202 N MISTY OAK TERRACE		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <u>Paul DuFour</u> Paul DuFour, Treasurer <u>4/25/2006</u> <u>352-465-1395</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					