

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

1/1

01-13-2003 90402 016 ***61.25

DOCUMENT # N35797

1. Entity Name

OAKRIDGE PROPERTY OWNERS AND RECREATIONAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 476
HOLDER FL 34445
US

P.O. BOX 476
HOLDER FL 34445
US

00000400

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

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P KINGDOM, AURGON 118 W. HONEY PALM LOOP BEVERLY HILLS FL 34465	☒ Delete
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	D GREEN, THOMAS 6160 N WHITE PALM WAY BEVERLY HILLS FL 34465	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNGLES, HARLAN 6129 N WHISPERING OAK LOOP BEVERLY HILLS FL 34465	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPATUZZI, MARY A 6175 N. MISTY OAK TERRACE BEVERLY HILLS FL 34465	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, BRIAN D 6202 N. MISTY OAK TERRACE BEVERLY HILLS, FL 34465	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACKENZIE, DORTHEA D 6326 N. MISTY OAK TERRACE BEVERLY HILLS, FL 34465	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, THOMAS D 6160 N. WHITE PALM WAY BEVERLY HILLS, FL 34465	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANAMAN, EUGENE D 6175 N. WHITE PALM WAY BEVERLY HILLS, FL 34465	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: THOMAS D GREEN

7 JAN 02

352 489-7304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)