

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003876

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** OAKRIDGE AT COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE, FL 33637 US

**New Principal Place of Business:**

**Current Mailing Address:**

7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE, FL 33637 US

**New Mailing Address:**

**FEI Number:** 59-3216028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WESTERMAN, MARIELLE  
215 VERNE STREET SUITE A  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: CRAMER, PATRICIA  
Address: 11309 CLAYRIDGE DRIVE  
City-St-Zip: TAMPA, FL 33635

Title: DP ( ) Delete  
Name: FERNANDEZ, DARLENE  
Address: 11307 CLAYRIDGE DRIVE  
City-St-Zip: TAMPA, FL 33635

Title: DS ( ) Delete  
Name: HANDLER, DAVID  
Address: 11235 CLAYRIDGE DR  
City-St-Zip: TAMPA, FL 33635

Title: DVP (X) Delete  
Name: PROVENCHER, JOHN  
Address: 11312 CLAYRIDGE DRIVE  
City-St-Zip: TAMPA, FL 33635

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DST (X) Change ( ) Addition  
Name: CRAMER, PATRICIA  
Address: 11309 CLAYRIDGE DRIVE  
City-St-Zip: TAMPA, FL 33635

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: PROVENCHER, JOHN  
Address: 11313 CLAYRIDGE DR  
City-St-Zip: TAMPA, FL 33635

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAPHINE WILSON

LCAM

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date