

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005834 (5)

1. Corporation Name
OAKRIDGE ASSOCIATION, INC.



Principal Place of Business
**3009 STEPHANIE DRIVE
SPRING HILL FL 34608**

Mailing Address
**3009 STEPHANIE DRIVE
SPRING HILL FL 34608**

3. Date Incorporated or Qualified
12/08/1995

3a. Date of Last Report

2. Principal Place of Business

21 [] 22 [] 23 [] 24 []

2a. Mailing Address

26 [] 27 [] 28 [] 29 []

25 [] 30 []

4. FEJ Number
S9-2868437

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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**PACULLI, NANCY
3009 STEPHANIE DRIVE
SPRING HILL FL 34608**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE [] DELETED

NAME **D DOWD, JOSEPH R**

STREET ADDRESS **3008 TIFFANY COURT**

CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE [] DELETED

NAME **D ADAMS, HARRY J**

STREET ADDRESS **3015 STEPHANIE DRIVE**

CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE [] DELETED

NAME **D SINATRA, ELEANOR**

STREET ADDRESS **3016 STEPHANIE DRIVE**

CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE [] DELETED

NAME **D PASCULLI, NANCY**

STREET ADDRESS **3009 STEPHANIE DRIVE**

CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE [] DELETED

NAME []

STREET ADDRESS []

CITY-ST-ZIP []

TITLE [] DELETED

NAME []

STREET ADDRESS []

CITY-ST-ZIP []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** Change Addition

1.2 NAME **JOSEPH LAFRANCA**

1.3 STREET ADDRESS **10079 SLEEPY WILLOW CT.**

1.4 CITY-ST-ZIP **SPRING HILL, FL. 34608**

2.1 TITLE [] Change [] Addition []

2.2 NAME []

2.3 STREET ADDRESS []

2.4 CITY-ST-ZIP []

3.1 TITLE [] Change [] Addition []

3.2 NAME []

3.3 STREET ADDRESS []

3.4 CITY-ST-ZIP []

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Nancy Pasculli* - **NANCY PASCULLI** ✓ **4/9/96** ✓ **352-688-9920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)