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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000005834

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/08/1995

22 City & State

27 City & State

4. FEI Number

59-2868437

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24

25

29

30

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME **NERI, LOUIS**
 STREET ADDRESS **2470 RUNNING OAK COURT**
 CITY-ST-ZIP **SPRING HILL FL**

1.1 TITLE Change Addition
 1.2 NAME **ADAMS, HARRY J.**
 1.3 STREET ADDRESS **3015 STEPHANIE DRIVE**
 1.4 CITY-ST-ZIP **SPRING HILL, FL. 34608**

TITLE **D** DELETE
 NAME **ADAMS, HARRY J**
 STREET ADDRESS **3015 STEPHANIE DRIVE**
 CITY-ST-ZIP **SPRING HILL FL 34608**

2.1 TITLE **V/D** Change Addition
 2.2 NAME **ISABELLE D'AVINO**
 2.3 STREET ADDRESS **9474 DUNKIRK ROAD**
 2.4 CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **SD** DELETE
 NAME **HYER, LINDA**
 STREET ADDRESS **10066 SLEEPY WILLOW CT**
 CITY-ST-ZIP **SPRING HILL FL 34608**

3.1 TITLE **S/D** Change Addition
 3.2 NAME **MARIE DOWD**
 3.3 STREET ADDRESS **3008 TIFFANY COURT**
 3.4 CITY-ST-ZIP **SPRING HILL, FL. 34608**

TITLE **D** DELETE
 NAME **PASCULLI, NANCY**
 STREET ADDRESS **3009 STEPHANIE DRIVE**
 CITY-ST-ZIP **SPRING HILL FL 34608**

4.1 TITLE **T/D** Change Addition
 4.2 NAME **NANCY PASCULLI**
 4.3 STREET ADDRESS **3009 STEPHANIE DRIVE**
 4.4 CITY-ST-ZIP **SPRING HILL, FL. 34608**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Nancy Pasculli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
 Date

352-688-9920
 Daytime Phone #

0071013

CR2E037-1109R