


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000005834**

1. Entity Name  
**OAKRIDGE ASSOCIATION, INC.**



Principal Place of Business 3009 STEPHANIE DRIVE SPRING HILL, FL 34608	Mailing Address 3009 STEPHANIE DRIVE SPRING HILL, FL 34608
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**DO NOT WRITE IN THIS SPACE**



03142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2868437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PACULLI, NANCY  
 3009 STEPHANIE DRIVE  
 SPRING HILL, FL 34608

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000104133 04/05/04-80085-019 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADAMS, HARRY J 3015 STEPHANIE DR SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KING, JOHNNIE L 2489 OVERVIEW LANE SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PASCULLI, NANCY 3009 STEPHANIE DRIVE SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DOWD, MARIE 3008 TIFFANY CRT SPRINGHILL, FL 34608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** *Nancy Pasculli* **4-2-04** **352-688-9920**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #