


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005834 1. Entity Name OAKRIDGE ASSOCIATION, INC.	
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Principal Place of Business 3009 STEPHANIE DRIVE SPRING HILL, FL 34608	Mailing Address 3009 STEPHANIE DRIVE SPRING HILL, FL 34608
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04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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 reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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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 04/15/05-80066-018 61.25

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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)(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: Nancy Pasculli - NANCY PASCULLI 4-12-05 ³⁵²⁻ 688-9920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #