


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 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**



04062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **59-2868437** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

9. 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 reappointing)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

U00000501045  
 04/25/06-80046-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** 4-7-06 352-688-9927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #