

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005834

FILED  
May 11, 2007  
Secretary of State

Entity Name: OAKRIDGE ASSOCIATION, INC.

**Current Principal Place of Business:**

3009 STEPHANIE DRIVE  
SPRING HILL, FL 34608

**New Principal Place of Business:**

**Current Mailing Address:**

3009 STEPHANIE DRIVE  
SPRING HILL, FL 34608

**New Mailing Address:**

FEI Number: 59-2868437      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ADAMS, HARRY J  
Address: 3015 STEPHANIE DR  
City-St-Zip: SPRING HILL, FL 34608

Title: VD      ( ) Delete  
Name: KING, JOHNNIE L  
Address: 2489 OVERVIEW LANE  
City-St-Zip: SPRING HILL, FL 34608

Title: TD      ( ) Delete  
Name: PASCULLI, NANCY  
Address: 3009 STEPHANIE DRIVE  
City-St-Zip: SPRING HILL, FL 34608

Title: SD      ( ) Delete  
Name: DOWD, MARIE  
Address: 3008 TIFFANY CRT  
City-St-Zip: SPRINGHILL, FL 34608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY PASCULLI

TD

05/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date