

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 23, 2009
Secretary of State**

DOCUMENT# N95000005834

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 ()

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: ELEANOR, SINATRA
Address: 3016 STEPHANIE DRIVE
City-St-Zip: SPRING HILL, 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

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date