


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|--|

DOCUMENT # N96000001804 (1)

1. Corporation Name

OAK RIDGE VILLAGE RESIDENTS ASSOCIATION, INC.



| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 6019 NASHUA AVENUE ORLANDO FL 32809 | 6019 NASHUA AVENUE ORLANDO FL 32809-4903 |

| | | | | | | | |
|--------------------------------|--|---|--|-----------------------------------|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 As Above | | 26 As Above | | 03/28/1996 | | N/A | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 23 City & State | | 28 City & State | | 59-3362718 | | Not Applicable | |
| 24 Zip | | 29 Zip | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing | | 5.00 May Be Added to Fees | |
| Trust Fund Contribution | | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | Yes | | No | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| COLING, LEE JAY ESQ. 20 NORTH ORANGE AVENUE FIRST UNION BLDG. STE 700 ORLANDO FL 32801 | | | | 81 Name N/A | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL 85 Zip Code | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|---------------------|--|--|---|------------------------------|--|-----------------------------------|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DAVIS, RUTH | | | 1.2 NAME | Thomas Bath | | |
| STREET ADDRESS | 6064 STATLER AVENUE | | | 1.3 STREET ADDRESS | 6027 Nashua Avenue | | |
| CITY-ST-ZIP | ORLANDO FL 32809 | | | 1.4 CITY-ST-ZIP | Orlando, FL 32809 | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BATH, TOM | | | 2.2 NAME | Henry B. Spinder | | |
| STREET ADDRESS | 6027 NASHUA AVENUE | | | 2.3 STREET ADDRESS | 6059 Nashua Avenue | | |
| CITY-ST-ZIP | ORLANDO FL 32809 | | | 2.4 CITY-ST-ZIP | Orlando, FL 32809 | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | Secretary | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FISHER, HELEN | | | 3.2 NAME | Louise Beem | | |
| STREET ADDRESS | 6023 NASHUA AVENUE | | | 3.3 STREET ADDRESS | 5925 Nomad Avenue | | |
| CITY-ST-ZIP | ORLANDO FL 32809 | | | 3.4 CITY-ST-ZIP | Orlando, FL 32809 | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 4.1 TITLE | TD - Same but name | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SPERNO, MARGARET H | | | 4.2 NAME | spelled incorrectly - SPERMO | | |
| STREET ADDRESS | 6019 NASHUA AVENUE | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32809 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ (407)

CR2E037 (9/96)