

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

03/28/1996

4. FEI Number

59-3362718

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLING, LEE JAY ESQ.
20 NORTH ORANGE AVENUE
FIRST UNION BLDG. STE 700
ORLANDO FL 32801**

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **BATH, THOMAS**
STREET ADDRESS **6027 NASHUA AVENUE**
CITY-ST-ZIP **ORLANDO FL 32809**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **DAVIS, Ruth E.**
1.3 STREET ADDRESS **6064 STATLER AV. PRESIDENT**
1.4 CITY-ST-ZIP **ORLANDO, FL. 32809**

TITLE **VD** ☒ DELETE
NAME **SPINDER, HENRY B**
STREET ADDRESS **6059 NASHUA AVENUE**
CITY-ST-ZIP **ORLANDO FL 32809**

2.1 TITLE **VD** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE
NAME **BEEM, LOUISE**
STREET ADDRESS **5925 NOMAD AVENUE**
CITY-ST-ZIP **ORLANDO FL 32809**

3.1 TITLE **Sec. S** ☐ Change ☒ Addition
3.2 NAME **MARLENE RUEBO-WYLLIE**
3.3 STREET ADDRESS **313 PACEMAKER ST.**
3.4 CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **TD** ☒ DELETE
NAME **SPERMO, MARGARET H**
STREET ADDRESS **6019 NASHUA AVENUE**
CITY-ST-ZIP **ORLANDO FL 32809**

4.1 TITLE **TREAS. TD** ☐ Change ☒ Addition
4.2 NAME **KENNETH B. MAGYAR**
4.3 STREET ADDRESS **6017 STATLER AVE. ORL. FL. 32809**
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **6035 NASHUA ORLANDO FL**
5.3 STREET ADDRESS **STUART WEBSTER**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 checked, or on an attachment with an address.

SIGNATURE:

Kenneth B. Magyar TD 3/14/98 407-851-7637

CR2E03 (1097)