1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600001804

1. Corporation Name

OAK RIDGE VILLAGE RESIDENTS ASSOCIATION, INC.

Principal Place of Business 6019 NASHUA AVENUE

ORLANDO FL 32809

Mailing Address

6019 NASHUA AVENUE ORLANDO FL 32809

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90091 006 ****61.25



| 9 Di di d | lace of Business | 2a. Mailing Address | | | Date Incorporated or Qualifed | | - | |
|----------------------------|---|------------------------------------|------------------------|---|--|------------------|---------------------|--|
| — | ace of pusitiess | 26 | | | 03/28/1996 | | | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | 4. FEI Number | 7 | Applied For | |
| 22 | m, 0.0. | 27 | | | 59-3362718 | | Not Applicable | |
| City & Stat | е | City & State | | | 5. Certificate of Status Desired | * • • • • | Additional Required | |
| 23 | | 28 | Countr | | | | <u> </u> | |
| Zip | Country | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| 24 | 25 | 29 30 | ויי | | 10. Name and Address of New Registered Ag | | 710 1 003 | |
| | 9. Name and Address of Curren | t Registered Agent | 8 | 1 Name | | | | |
| | | | | | | | | |
| RESNICK, MICHAEL L | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 1342 E. VINE ST., STE. 236 | | | | 3 | | | | |
| KISSIMMEE FL 34744 | | | 10. | <u> </u> | | | | |
| | | | 8 | 4 City | FL | 85 Zi | Code | |
| | | 1000 50 1 000 | | | | nanging | its registered | |
| office or c | adjetered agent of both in the State | N FINDRA SUCA CARAGE WAS BUILD | 3C3C1Z#3C1 C3 | v me corporat | poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint | ment as | registered | |
| agent. I a | m familiar with, and accept the obligation | tions of, Section 617.0503, Florid | a Statute | s. 40 L | Den in the same and a | 2/2 | 0 | |
| SIGNATURE | Karth R. Inea | TWY KENNETH K | MAG | TYTK K | ESNICK MICHHELLIOSIO | <u>44.</u> | 1 | |
| | Signature, typed or printed name of registered agen | | gistered Age | ent signature requin | ADDITIONS/CHANGES TO OFFICERS AND | DIRECT | ORS IN 12 | |
| 12. | | D DIRECTORS ☐ DELETE | 1.1 TITLE | | | Change | | |
| TITLE | PD | | 1.2 NAME | | • | ī ' | - | |
| NAME | DAVIS, RUTH E. | | 1 | ET ADDRESS | | - | | |
| STREET ADDRESS | 6064 STATLER AVENUE | | | | • | | | |
| CITY-ST-ZIP | ORLANDO FL 32809 | M DELETE . | 1.4 CITY- 2.1 TITLE | | | Change | e \ \ \ Addition | |
| TITLE | VD | (A) DECETE | | 1 | , | | _, | |
| NAME | SPINDER, HENRY B | | 2.2 NAME | 1 | • | | • | |
| STREET ADDRESS | 6059 NASHUA AVENUE | | | ET ADDRESS | | | • | |
| CITY-ST-ZIP | ORLANDO FL 32809 | | | -ST-ZIP | | Change | e Addition | |
| TITLE | S NAME AND SHE | U DECE IE | 3.1 TITLE | | ' | | | |
| NAME | RUSSO-WYLIE, MARLENE | | 3.2 NAME | i | and the second second | · . | - | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL 32809 | DELETE | 3.4. CITY | | | Change | e Addition | |
| TITLE | TD VAR KENNETH R | ☐ NÉTE1E | 4.1 TITLE | | | | | |
| NAME | MAGYAR, KENNETH R. | | 4. 2 NAM | | • | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL 32809 | O DELETE : | 4.4 CITY- | | | Chang | e | |
| TITLE | D. | ☐ DELETE | 5.1 TITLE | | | | . L'ungiagn | |
| NAME | WEBSTER, STUART | | 5.2 NAME | ET ADDRESS | | | • | |
| STREET ADDRESS | a r | | | | | • | | |
| CITY-ST-ZIP | ORLANDO FL | | 5.4 CITY- | | | ☐ Chang | e | |
| TITLE |) | ☐ DELETE | 6.1 TITLE | j | | | a ["] waanaan | |
| NAME | | | 6.2 NAME | - 1 | • | | | |
| STREET ADDRESS | 1 | | | ET ADDRESS | | : | • | |
| CITY-ST-ZIP | | | 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIKINATURE FRANCE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/99

407-851-76-37 Daytime Phone # 32E037 (11/98)