

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001804

1. Entity Name

OAK RIDGE VILLAGE RESIDENTS ASSOCIATION, INC.

**FILED**  
Apr 23, 2002 8:00 am  
Secretary of State

04-23-2002 90374 011 \*\*\*\*70.00

Principal Place of Business

~~211 PACEMAKER ST~~  
ORLANDO FL 32809

Mailing Address

~~211 PACEMAKER ST~~  
ORLANDO FL 32809

2. Principal Place of Business

239 TROJAN ST

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3362718

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELAND, RONALD F.  
211 PACEMAKER ST  
ORLANDO FL 32809

Name ELLEN L BLOUNT

Street Address (P.O. Box Number is Not Acceptable)

239 TROJAN ST.

City ORLANDO, FL

FL 32809

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD  
NAME MELAND, RONALD F  
STREET ADDRESS 211 PACEMAKER ST  
CITY-ST-ZIP ORLANDO FL 32809 ☒ Delete

TITLE A.D. DIRECTOR  
NAME WILLIAM A. GUINEAU  
STREET ADDRESS 6084 STATLER AVE  
CITY-ST-ZIP ORLANDO, FL 32809 ☐ Change ☒ Addition

TITLE PD  
NAME SAAVEDRA, EMMA  
STREET ADDRESS 6013 STATLER AVE  
CITY-ST-ZIP ORLANDO FL 32809 ☒ Delete

TITLE AD DIRECTOR  
NAME PATRICIA HIERKLE  
STREET ADDRESS 6040 STATLER AVE  
CITY-ST-ZIP ORLANDO, FL 32809 ☐ Change ☒ Addition

TITLE VPD  
NAME MELAND, JANET RAE  
STREET ADDRESS 211 PACEMAKER ST  
CITY-ST-ZIP ORLANDO FL 32809 ☒ Delete

TITLE E.D. DIRECTOR  
NAME KEN MARGAR  
STREET ADDRESS 6017 STATLER AVE  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Change ☒ Addition

TITLE PRESIDENT  
NAME BLOUNT, ELLEN  
STREET ADDRESS 239 TROJAN ST  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE E.D. DIRECTOR  
NAME JENNY RIVERA  
STREET ADDRESS 6080 STATLER AVE  
CITY-ST-ZIP ORLANDO, FL 32809 ☐ Change ☒ Addition

TITLE D  
NAME HERNANDEZ, MICHAEL ANGELO  
STREET ADDRESS 6015 NASHUA AVENUE  
CITY-ST-ZIP ORLANDO FL 32809 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME VAN WINKLE, SHERRY  
STREET ADDRESS 5912 STATLER AVENUE  
CITY-ST-ZIP ORLANDO FL 32809 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/31/02 812-6299

CR2E037 (9/01)