

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90733 047 ****61.25

DOCUMENT # N96000001804

1. Entity Name

OAK RIDGE VILLAGE RESIDENTS ASSOCIATION, INC.



Principal Place of Business

**239 TROJAN ST
ORLANDO FL 32809**

Mailing Address

**239 TROJAN ST
ORLANDO FL 32809**

2. Principal Place of Business

SAME
Suite, Apt. #, etc.
"

3. Mailing Address

SAME
Suite, Apt. #, etc.
"

City & State

" "

City & State

" "

Zip

" "

Country

" "

Zip

" "

Country

" "

4. FEI Number **59-3362718**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BLOUNT, ELLEN L
239 TROJAN ST
ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ellen L Blount*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **AD** ☒ Delete
NAME **GUINEAU, LILLIAN A**
STREET ADDRESS **6084 STATLER AVE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **ADV** ☐ Delete
NAME **HORKIC, PATRICIA**
STREET ADDRESS **6017 STATLER AVE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **ED** ☒ Delete
NAME **MAGGAR, KEN**
STREET ADDRESS **6017 STATLER AVE**
CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **E** ☒ Delete
NAME **RIVERA, JENNY**
STREET ADDRESS **6080 STATLER AVE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **EP** ☒ Change ☐ Addition
NAME **BLOUNT, ELLEN**
STREET ADDRESS **239 TROJAN ST**
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **EDV** ☒ Change ☐ Addition
NAME **HENKE, PATRICIA**
STREET ADDRESS **6017 STATLER AVE**
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **ED** ☒ Change ☐ Addition
NAME **MAGGAR, NORMA**
STREET ADDRESS **6017 STATLER AVE**
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **IED** ☒ Change ☐ Addition
NAME **JERRY SCHLOTTER**
STREET ADDRESS **5918 NASHUA AVE**
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **ED** ☒ Change ☐ Addition
NAME **MARTHA WHITEHEAD**
STREET ADDRESS **331 TROJAN ST**
CITY-ST-ZIP **ORLANDO, FL 32809**

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

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: *Ellen L Blount*

4/30/03 407 812-6299

CR2E037 (10/02)