


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90181 009 ****61.25

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1. Entity Name
OAK RIDGE CROSSING HOMEOWNERS ASSOCIATION, INCORPORATED



Principal Place of Business
 12766 NW 145 TERR.
 ALACHUA, FL 32615

Mailing Address
 PO BOX 1078
 ALACHUA, FL 32615

50023591



2. Principal Place of Business
13113 NW 145 Terrace

3. Mailing Address
same

Suite, Apt. #, etc.

03042005 Chg-NP CR2E037 (10/03)

City & State
Alachua FL

City & State

Zip
32615

Country
USA

Country

4. FEI Number
59-3565472

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GONZALEZ, SHIRLEY C
 12766 NW 145 TERRACE
 ALACHUA, FL 32615

7. Name and Address of New Registered Agent

Name
Susan Blake

Street Address (P.O. Box Number is Not Acceptable)
13113 NW 145 Terrace

City
Alachua

FL Zip Code
32615

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 Susan Blake, SUSAN BLAKE DATE 3-6-2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	BLAKE, GEORGE	
STREET ADDRESS	13113 NW 145 TERR.	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, SHIRLEY C	
STREET ADDRESS	12766 NW 145 TERR.	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RESNICK, SUZAN	
STREET ADDRESS	13255 NW 148 TERR.	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MASSIE, ROSA	
STREET ADDRESS	13019 NW 147 TERR.	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	MOBD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, RUTH	
STREET ADDRESS	12873 NW 145 TERR.	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	MOBD	<input checked="" type="checkbox"/> Delete
NAME	TODD, JERRY	
STREET ADDRESS	12883 NWE 150 TERR.	
CITY-ST-ZIP	ALACHUA, FL 32615	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD, JERRY W	
STREET ADDRESS	12883 NW 150 TERRACE	
CITY-ST-ZIP	ALACHUA FL 32615-6450	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, JO	
STREET ADDRESS	12896 NW 150 TERRACE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESNICK, MARTIN	
STREET ADDRESS	13255 NW 148 TERR	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Alva George Blake DATE 3-06-05 (352) 538-1710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR