

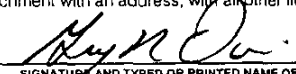


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90014 008 ****61.25

DOCUMENT # N98000007268					
1. Entity Name OAK RIDGE CROSSING HOMEOWNERS ASSOCIATION, INCORPORATED					
Principal Place of Business 13113 NW 145 TERRACE ALACHUA, FL 32615		Mailing Address 13113 NW 145 TERRACE ALACHUA, FL 32615		40046701	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3565472	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLAKE, SUSAN 13113 NW 145 TERRACE ALACHUA, FL 32615				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, GEORGE		NAME	Blake, George	
STREET ADDRESS	13113 NW 145 TERR		STREET ADDRESS	13113 NW 145 Terrace	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	Alachua, FL 32615	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, GUY		NAME		
STREET ADDRESS	12873 NW 145TH TERR		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change - <input checked="" type="checkbox"/> Addition
NAME	HUGHES, JO		NAME	Jarmon, Randall	
STREET ADDRESS	12896 NW 150 TERRACE		STREET ADDRESS	14815 NW 132 Place	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	Alachua, FL 32615	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.					
SIGNATURE: 		Date: Mar. 13, 2008		Daytime Phone #: 352-514-0544	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					