

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055100

FILED  
Jul 05, 2007  
Secretary of State

Entity Name: OAK RIDGE APARTMENT COMPLEX, INC.

**Current Principal Place of Business:**

805 S MAGNOLIA AVE STE D  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 1496  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 59-3738798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DESIMONE, DALE  
805 S MAGNOLIA AVE STE D  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAWTON, SUZANNE  
Address: 331 AUSTRALIAN AVE  
City-St-Zip: PALM BEACH, FL 33430

Title: ST ( ) Delete  
Name: LAWTON, SUZANNE  
Address: 331 AUSTRALIAN AVE  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE LAWTON

MS

07/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date