

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766203

Entity Name: OAK RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6332 CHISWICK CT.
NEW PORT RICHEY, FL 34655

Current Mailing Address:

6332 CHISWICK CT.
NEW PORT RICHEY, FL 34655 US

FEI Number: 59-2254976

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPENCE, PATRICIA
6403 CHISWICK COURT
NEW PORT RICHEY, FL 34655 US

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

Officer/Director Detail :

Title PRESIDENT
Name ROSIN, DAVID
Address 6332 CHISWICK CT
City-State-Zip: NEW PORT RICHEY FL 34655

Title TREASURER
Name SPENCE, PATRICIA
Address 6403 CHISWICK COURT
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR
Name MCCORMICK, JOHN
Address 6413 GOVERNORS DRIVE
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR
Name EMANUEL, MIKE
Address 6719 RIDGE TOP DRIVE
City-State-Zip: NEW PORT RICHEY, FL FL 34655

Title DIRECTOR
Name WILLIAMS, JOHN
Address 6631 RIDGE TOP DRIVE
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR
Name MABRY, RANDY
Address 1613 WINDEMERE COURT
City-State-Zip: NEW PORT RICHEY FL 34655

Title SECRETARY
Name ROSIN, JULIE
Address 6332 CHISWICK COURT
City-State-Zip: NEW PORT RICHEY FL 34655

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA SPENCE

TREASURER

02/19/2014

Electronic Signature of Signing Officer/Director Detail

Date