## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**1997 DOCUMENT** #

736683

(4)

APPROVEU AND FILED

97 APR 28 AM 10: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporation	n Name				
OAKRI	DGE "J" CONDOMINIUM A	SSOCIATION, INC.			
Principal Place	e of Business	Mailing Address		i ikata tahun titun kalin dilah tulun	t biete Meillet mimte Millet mimte demte millet enmi.
OAKRIDGE J 139 DEERFIELD BCH FL 33442 OAKRIDGE J 139 DEERFIELD BCH FL 33442				•	
				3. Date incorporated or Qualified 08/26/1976	3a. Date of Last Report 04/27/1996
	lace of Business	2a. Mailing Address		4. FEI Number 59-1901555	Applied For
21		26		28-1801333	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28 7in	Country	Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country	Zip	├ <b>-</b>	8. This corporation has liability for	intangible tay onder s. 199.032,
24	25 9. Name and Address of Currer	29   nt Registered Agent	30	Florida Statutes  10. Name and Address of New Re	
	<u> </u>		61 Name		
COMPONENTE OF STORY OF STATE OF STATE OF					
3501 WEST DRIVE			82 Street Ad	dress (P.O. Box Number is Not Acceptab	)le)
DEERFIELD BEACH FL 33442-2085			83		
DECHI	ELD BENOTITE 35442-2000				
			<b>84</b> City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statute	es, the above-named co	prporation submits this statement for the	ourpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was a	authorized by the corpor	orporation submits this statement for the pration's board of directors. I hereby acce	pt the appointment as registered
	The record with and decept the oblig	Cooper   C	, ioa oigiatoa.	*	
SIGNATURE .	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTI	E: Registered Agent signature rec	quired when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DS	DELETE	1.1 TITLE	40000023	159564 — 46
NAME	SCHMID, ANDREW		1.2 NAME	-04/29/	/9701109001
STREET ADORESS	144 OAKRIDGE J		1.3 STREET ADDRESS	**1S19	0.00 ****61.25
CITY-ST-ZIP	DEERFIELD BCH, FL 0		1.4 CITY-ST-ZIP		
TITLE	PDT	☐ DELETE	2.1 TITLE		Change Addition
NAME	GREEN, PAUL		2.2 NAME		<i>¥</i> ′
STREET ADDRESS	OAKRIDGE J 139		2.9 STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BCH, FL 0		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	SCHMID, GLORIA		3.2 NAME		
STREET ADDRESS	144 OAKRIDGE J	۸	3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 3344		3.4. CITY - ST- ZIP	·	Chapen Addition
TITLE	D LABOURNE REORGETTE	☐ DELETE	4.1 TITLE		Change Addition
NAME	LAROUCHE, GEORGETTE 137 OAKRIDGE J		4. 2 NAME		
STREET ADDRESS	DEERFIELD BEACH FL 3344	o	4.3 STREET ADDRESS		· }
CHTY - ST - ZIP TITLE	D DECAPIELD DEACH FL 3344	Z DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	ROSE, MICHEL B	□ orceit	5.1 TITLE 5.2 NAME		FFI Assente FFI CONTINUE
STREET ADDRESS	135 OAKRIDGE J		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 3344	2	5.4 CITY-ST-ZIP	1 20	į
TITLE	PERMITTE PERMITTE SOTT	DELETE	6.1 TITLE	LD1 4 2 3	Change Addition
NAME			5.2 NAME	PT T	
STREET ADDRESS			6.3 STREET ADDRESS	•	
			6.4 CITY-ST-ZIP		
CITY - ST - ZIP	·		■ 0.4 CHT-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attaching it with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR

1/16/97

954-428-2755 Dayling Phone 1 0078087 REC37 (9/96)