

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

DOCUMENT # 736683

1. Entity Name

OAKRIDGE 'J' CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**OAKRIDGE J 139
 DEERFIELD BCH FL 33442**

**OAKRIDGE J 139
 DEERFIELD BCH FL 33442-1900**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1901555

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CONDOMINIUM OWNERS ORGANIZATION CENTURY
 3501 WEST DRIVE
 DEERFIELD BEACH FL 33442-2085**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	PORTER, RUTH	
STREET ADDRESS	141 OAKRIDGE J	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, PAUL	
STREET ADDRESS	OAKRIDGE J 139	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCHMID, GLORIA	
STREET ADDRESS	144 OAKRIDGE J	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODGER, CAMILLA	
STREET ADDRESS	127 OAKRIDGE J	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELLEROSE, MICHEL	
STREET ADDRESS	136 OAKRIDGE J	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL GREEN

7/4/2000-90428-2755
 Date Daytime Phone #

CR2E037 (9/99)