

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


04-18-2003 90478 001 14,700.00  
736683

03 APR 25 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 736683**

1. Entity Name  
**OAKRIDGE "J" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address

**CONDOMINIUM OWNERS ORGANIZATION  
OF CENTURY VILLAGE E, INC. COOCVE**

2. Principal Place of Business Mailing Address

**3501 West Drive  
Deerfield Bch, FL 33442-2085**

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and except the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>DT PORTER, RUTH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>141 OAKRIDGE J</b>	
CITY-ST-ZIP	<b>DEERFIELD BCH FL 33442</b>	
TITLE NAME	<b>PD GREEN, PAUL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>OAKRIDGE J 139</b>	
CITY-ST-ZIP	<b>DEERFIELD BCH FL 33442</b>	
TITLE NAME	<b>D RODGER, CAMILLA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>127 OAKRIDGE J</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE NAME	<b>D BELLEROSE, MICHEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>135 OAKRIDGE J</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE NAME	<b>DS LAROCHE, GEORGETTE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>137 OAKRIDGE J</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

*PAUL/25*

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

**SIGNATURE REQUIRED PAUL GREEN** 1/9/03 954 428 2755

Days Daytime Phone #

CR2E037 (10/02)