

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **736685** (9)
1. Corporation Name
OAKRIDGE "M" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
M. HOCHBERG, PRES OAKRIDGE "M" #192/CVE DEERFIELD BEACH FL 33442	M. HOCHBERG, PRES OAKRIDGE "M" #192/CVE DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 08/26/1976	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1907257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

9. Name and Address of Current Registered Agent

**COND.OWNERS ORGANIZATION CENTURY VILLAGE E
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOCHBERG, MURRAY	
STREET ADDRESS	OAKRIDGE M 192	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MONTALTO, GENEVIEVE	
STREET ADDRESS	OAKRIDGE M 190	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DE WITT, PALMIRA	
STREET ADDRESS	OAKRIDGE M 197	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	MORTON, SILVER	
STREET ADDRESS	OAKRIDGE M 202	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LISTEN, NATALIE	
STREET ADDRESS	OAKRIDGE M 204	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESSER, MOREY	
STREET ADDRESS	OAKRIDGE M205	
CITY-ST-ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ADOLPH KLEIN	
1.3 STREET ADDRESS	OAKRIDGE M 201	
1.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KATE KLEIN	
2.3 STREET ADDRESS	OAKRIDGE M 201	
2.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	800001797598	
4.3 STREET ADDRESS	-04/29/96--01024--001	
4.4 CITY-ST-ZIP	***15128.75	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: **MURRAY HOCHBERG** *Murray Hochberg* 4/8/96 954-428-6681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SG-4-27-96

CR2E037 (12/95)