

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736685

1. Entry Name

OAKRIDGE "M" CONDOMINIUM ASSOCIATION, INC.

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

04-25-2000 90324 001 15,006.25

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 33442-1820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1907257

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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:
FEF 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOCHBERG, MURRAY	
STREET ADDRESS	OAKRIDGE M 192	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	TOUBAIL, PATRICIA	
STREET ADDRESS	OAKRIDGE M 187	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORTON, SILVER	
STREET ADDRESS	OAKRIDGE M 202	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, KATE	
STREET ADDRESS	OAKRIDGE M 201	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LESSER, MOE	
STREET ADDRESS	OAKRIDGE M 205	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAPIR, DAVID	
STREET ADDRESS	OAKRIDGE M 204	
CITY-ST-ZIP	DEERFIELD BEACH FL	

TITLE	STP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLE F SAUNDERS	
STREET ADDRESS	OAKRIDGE M 196	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
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:

Murray Hochberg

MURRAY HOCHBERG

954-428-6681

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)