

2002 UNIFORM BUSINESS REPORT (UBR)

1019006101

DOCUMENT # 736685

1. Entity Name

OAKRIDGE "M" CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 PM 1:01

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PRES MORTON SILVER

3. Mailing Address

M. SILVER, PRES

Suite, Apt. #, etc. "M" 202 CVE
OAKRIDGE "M" 202 CVE

Suite, Apt. #, etc. "M" 202 CVE
OAKRIDGE "M" 202 CVE

City & State
DEERFIELD BEACH, FL

City & State
DEERFIELD BEACH, FL

4. FEI Number
59-1907257

Applied For
Not Applicable

Zip
33442

Country
U.S.A

Zip
33442

Country
U.S.A

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
3301 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: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HOCHBERG, MURRAY
STREET ADDRESS OAKRIDGE M 192
CITY-ST-ZIP DEERFIELD BEACH FL Delete

TITLE SILVER, MORTON P.D. Change Addition
NAME
STREET ADDRESS OAKRIDGE "M" 202
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE STD
NAME SAUNDERS, CAROLE Delete
STREET ADDRESS OAKRIDGE M 187
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE COHN, HARRY VD Change Addition
NAME
STREET ADDRESS OAKRIDGE "M" 200
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE VD
NAME MORTON, SILVER Delete
STREET ADDRESS OAKRIDGE M 202
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE STD SAUNDERS, CAROLE Change Addition
NAME
STREET ADDRESS OAKRIDGE "M" 196
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME 300005257719--5
STREET ADDRESS -04/12/02--01058--001
CITY-ST-ZIP **15067.50 *****61.25

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Morton Silver* MORTON SILVER 2/13/02 1954-428-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)