

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # 736685**

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



FILED

04 APR 27 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**66413167**

Principal Place of Business      Mailing Address  
**CONDO OWNERS ORG. OF CENTURY VILLAGE**      **CONDO OWNERS ORG. OF CENTURY VILLAGE**  
**3501 WEST DRIVE**      **3501 WEST DRIVE**  
**DEERFIELD BEACH FL 33442-2085**      **DEERFIELD BEACH FL 33442-2085**



MOORE      CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-1907257**      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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 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**  
**Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE      PD       Delete  
 NAME      SILVER, MORTON  
 STREET ADDRESS      OAKRIDGE M 202  
 CITY-ST-ZIP      DEERFIELD BEACH FL 33442

TITLE       Change       Addition  
 NAME      **100034615131**  
 STREET ADDRESS      **04/29/04--01020--001 \*\*15006.25**  
 CITY-ST-ZIP

TITLE      DV       Delete  
 NAME      COHN, HARRY  
 STREET ADDRESS      OAKRIDGE M 200  
 CITY-ST-ZIP      DEERFIELD BEACH FL 33442

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      TS       Delete  
 NAME      DELLINGER, BILL  
 STREET ADDRESS      410 S POWERLINE RD  
 CITY-ST-ZIP      DEERFIELD BEACH FL 33443

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      D       Delete  
 NAME      HOCHBERG, MURRAY  
 STREET ADDRESS      192 OAKRIDGE M  
 CITY-ST-ZIP      DEERFIELD BEACH FL 33443

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      D       Delete  
 NAME      KLEIN, KATE  
 STREET ADDRESS      201 OAKRIDGE M  
 CITY-ST-ZIP      DEERFIELD BEACH FL 33443

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      D       Delete  
 NAME      LISTEN, NATALIE  
 STREET ADDRESS      204 OAKRIDGE M  
 CITY-ST-ZIP      DEERFIELD BEACH FL 33443

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: *Bill Dellinger*      **BILL DELLINGER**      2/6/04      (954)428-7013  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #