

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

FILED

04 APR 27 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**66413167**

**DOCUMENT # 736685**

1. Entity Name

OAKRIDGE "M" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

CONDO OWNERS ORG. OF CENTURY VILLAGE  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

CONDO OWNERS ORG. OF CENTURY VILLAGE  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1907257

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



MOORE CR2E037 (11/03)

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 \_\_\_\_\_

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 #