FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**32760.00 ****130.00

DOCUMENT # **736686** **(7)**

1. Corporation Name

OAKRIDGE "N" CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
CENTURY VILLAGE E OAKRIDGE N-228 DEERFIELD BEACH FL 33442-1933	CENTURY VILLAGE E OAKRIDGE N-228 DEERFIELD BEACH FL 33442-1933

3. Date Incorporated or Qualified: 08/26/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1901930 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION CEN. VILL.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	SD	☑ Change ☐ Addition
NAME	MOUTAL, CHARLOTTE	12 NAME	WARSHAVER GERT	
STREET ADDRESS	OAKRIDGE N 216	13 STREET ADDRESS	OAKRIDGE N-209	
CITY-ST-ZIP	DEERFIELD BEACH FL	14 CITY ST ZIP	DEERFIELD Bch FL	
TITLE	VPD	21 TITLE	VPD	☑ Change ☐ Addition
NAME	SEGAL, HAROLD	22 NAME	MELMAN MURRAY	
STREET ADDRESS	OAKRIDGE N 228	23 STREET ADDRESS	OAKRIDGE N-212	
CITY-ST-ZIP	DEERFIELD BCH. FL	24 CITY-ST-ZIP	DEERFIELD Bch FL	
TITLE	D	31 TITLE	D	☑ Change ☐ Addition
NAME	CHARBENNEAU, DON	32 NAME	MANKUTA JOSEPH	
STREET ADDRESS	OAKRIDGE N 214	33 STREET ADDRESS	OAKRIDGE N-232	
CITY-ST-ZIP	DEERFIELD BCH. FL	34 CITY-ST-ZIP	DEERFIELD Bch FL	
TITLE	TD	41 TITLE	TD	☐ Change ☐ Addition
NAME	SPINNER, LILLIAN	42 NAME	SPINNER LILLIAN	
STREET ADDRESS	OAKRIDGE N 220	43 STREET ADDRESS	OAKRIDGE N-220	
CITY-ST-ZIP	DEERFIELD BCH. FL	44 CITY-ST-ZIP	DEERFIELD Bch FL	
TITLE	PD	51 TITLE	PD	☐ Change ☐ Addition
NAME	HELLER, ARTHUR	52 NAME	HELLER ARTHUR	
STREET ADDRESS	OAKRIDGE N 211	53 STREET ADDRESS	OAKRIDGE N-211	
CITY-ST-ZIP	DEERFIELD BCH. FL	54 CITY-ST-ZIP	DEERFIELD Bch FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Arthur Heller ARTHUR HELLER 1/14/95 305 921-5779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012337