

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

DOCUMENT # 736920

1. Entity Name

OAKRIDGE "S" CONDOMINIUM ASSOCIATION, INC.



FILED

04 APR 27 PM 3:49

SECRETARY OF STATE  
TALL 66413173 FLORIDA

Principal Place of Business

Mailing Address

C/O CONDOMINIUM OWNERS ORGANIZATION  
3501 WEST DRIVE  
DEERFIELD BCH FL 33442-2085

C/O CONDOMINIUM OWNERS ORGANIZATION O  
3501 WEST DRIVE  
DEERFIELD BCH 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

59-1901626

Applied For

Not Applicable

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

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY  
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  
NAME GREKIN, PEARL  
STREET ADDRESS OAKRIDGE S 325  
CITY-ST-ZIP DEERFIELD BEACH FL

☐ Delete

TITLE V  
NAME SHILANSKY, EVA  
STREET ADDRESS OAKRIDGE S-344  
CITY-ST-ZIP DEERFIELD BCH. FL

☒ Delete

TITLE ST  
NAME MENDELSON, SYLVIA  
STREET ADDRESS OAKRIDGE S-331  
CITY-ST-ZIP DEERFIELD BCH. FL

☐ Delete

TITLE D  
NAME PLAN, AARON  
STREET ADDRESS OAKRIDGE S 332  
CITY-ST-ZIP DEERFIELD BEACH FL

☐ Delete

TITLE D  
NAME KIRCHGEISSNER, MARY  
STREET ADDRESS OAKRIDGE S 338  
CITY-ST-ZIP DEERFIELD BEACH FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

500034615015  
04/29/04--01020--001 \*\*15006.25

TITLE V  
NAME KIRCHGEISSNER, MARY  
STREET ADDRESS OAKRIDGE S-338  
CITY-ST-ZIP DEERFIELD BEACH FL

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DIRECTOR  
NAME JAMES WARD  
STREET ADDRESS Apt 329 OAKRIDGE S  
CITY-ST-ZIP DEERFIELD BEACH FL

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Pearl Grekin President

Feb 16/04

954 4276942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #