

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **736925** (9)
1. Corporation Name
OAKRIDGE "L" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

AL SERVIDO, PRES.
OAKRIDGE L APT. #172
DEERFIELD BCH FL 33442

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OAKRIDGE L APT. #172
DEERFIELD BCH FL 33442

2. Principal Place of Business 2a. Mailing Address

21 **AL SERVIDO, PRES.** 26 **AL SERVIDO, PRES.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State 28 City & State

23 29

Zip 25 Country Zip 30 Country

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANZ. CENT. VILLAGE E
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
09/29/1976 **05/01/1994**

4. FEI Number Applied For
59-1906641 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

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 _____ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERVIDO, AL	12 NAME	SERVIDO, AL
STREET ADDRESS	OAKRIDGE L APT #172	13 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMBROSIO, JOSEPH	22 NAME	
STREET ADDRESS	OAKRIDGE L APT #184	23 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, MICHAEL	32 NAME	
STREET ADDRESS	OAKRIDGE L 178	33 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VECHSLER, THEODORE	42 NAME	
STREET ADDRESS	OAKRIDGE L 181	43 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, MARY	52 NAME	D
STREET ADDRESS	OAKRIDGE L 180	53 STREET ADDRESS	JAGUDEN, IRVING
CITY - ST - ZIP	DEERFIELD BEACH FL	54 CITY - ST - ZIP	OAKRIDGE L 167
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMBROSIO, ADELMA	62 NAME	ST
STREET ADDRESS	OAKRIDGE L 184	63 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	64 CITY - ST - ZIP	87511

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 110.073(k), 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: Joseph B. D'Ambrosio 1/26/95 421-3341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)