

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: **AL SERVIDIO, PRES. OAKRIDGE L APT. #172 DEERFIELD BCH FL 33442**
Mailing Address: **AL SERVIDIO, PRES. OAKRIDGE L APT. #172 DEERFIELD BCH FL 33442**

3. Date Incorporated or Qualified: **09/29/1976**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1906641		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERVIDIO, AL	1.2 NAME	
STREET ADDRESS	OAKRIDGE L APT #172	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMBROSIO, JOSEPH	2.2 NAME	
STREET ADDRESS	OAKRIDGE L APT #184	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, MICHAEL	3.2 NAME	D MEYERS, MICHAEL
STREET ADDRESS	OAKRIDGE L 178	3.3 STREET ADDRESS	OAKRIDGE L 178
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	DEERFIELD BCH, FL.
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VECHSLER, THEODORE	4.2 NAME	
STREET ADDRESS	OAKRIDGE L 181	4.3 STREET ADDRESS	900001797599
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	-04/29/96--01024--001
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAGUDEN, TRVING	5.2 NAME	
STREET ADDRESS	OAKRIDGE L 167	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMBROSIO, ADELMA	6.2 NAME	D'AMBROSIO, ADELE
STREET ADDRESS	OAKRIDGE L 184	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	6.4 CITY-ST-ZIP	4-27-96

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)(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 VP 1/31/96 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JOSEPH D'AMBROSIO

CR2E037 (12/95)