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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

3. Date Incorporated or Qualified 09/29/1976  
3a. Date of Last Report 04/27/1996

2. Principal Place of Business 2a. Mailing Address  
21 **BILL DELLINGER, MANAGER** 26 **BILL DELLINGER, MANAGER**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **410 S. POWERLINE ROAD** 27 **410 S. POWERLINE ROAD**  
City & State City & State  
23 **DEERFIELD BEACH, FL.** 28 **DEERFIELD BEACH, FL.**  
Zip Country Zip Country  
24 **33442** 25 **BROWARD** 29 **33442** 30 **BROWARD**

4. FEI Number 59-1906641 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CONDOMINIUM OWNERS ORGANZ. CENT. VILLAGE E  
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  
85 Zip Code **FL**

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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERVIDIO, AL	1.2 NAME	900002159279--6
STREET ADDRESS	OAKRIDGE L APT #172	1.3 STREET ADDRESS	-04/29/97--01109--001
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	***15190.00 ***61.25
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" 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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, MICHAEL	3.2 NAME	
STREET ADDRESS	OAKRIDGE L 178	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
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	
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAGUDEN, TRYNG	5.2 NAME	ABRAMS, JOSEPH
STREET ADDRESS	OAKRIDGE L 187	5.3 STREET ADDRESS	OAKRIDGE L 166
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMBROSIO, ADELE	6.2 NAME	08/4/29
STREET ADDRESS	OAKRIDGE L 184	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Adele D'Ambrasio 3/5/97 (954) 421-3841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078889

CR2E037 (9/96)