

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736925

1. Entity Name

OAKRIDGE L CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

Principal Place of Business BILL DELLINGER, MANAGER 410 S. POWERLINE ROAD DEERFIELD BCH FL 33442	Mailing Address BILL DELLINGER, MANAGER 410 S. POWERLINE ROAD DEERFIELD BCH FL 33442-6107
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-1906641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$81.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	SERVIDIO, AL	
STREET ADDRESS	OAKRIDGE L APT #172	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	D'AMBROSIO, JOSEPH	
STREET ADDRESS	OAKRIDGE L APT #184	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINK, GEORGE	
STREET ADDRESS	OAKRIDGE L 168	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	VECHSLER, THEODORE	
STREET ADDRESS	OAKRIDGE L 181	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RONA, JENNY	
STREET ADDRESS	OAKRIDGE L 169	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	ST	<input type="checkbox"/> Delete
NAME	D'AMBROSIO, ADELE	
STREET ADDRESS	OAKRIDGE L 184	
CITY-ST-ZIP	DEERFIELD BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE OF REGISTERED AGENT JOSEPH D'AMBROSIO 2/7/00 (954) 428-3341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ENG7 (9/99)