

2002 UNIFORM BUSINESS REPORT (UBR)

0036116

DOCUMENT # 736925

1. Entity Name

OAKRIDGE "L" CONDOMINIUM ASSOCIATION, INC. ✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 APR -3 PM 12:59

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
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DO NOT WRITE IN THIS SPACE

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

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 _____
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

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	PD	<input checked="" 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	FREEDMAN, HARRY	
STREET ADDRESS	OAKRIDGE L 176	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VECHSLER, THEODORE	
STREET ADDRESS	OAKRIDGE L 181	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MICHAUD, BERTHA	
STREET ADDRESS	OAKRIDGE L 182	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SERVIDIO, AL	
STREET ADDRESS	OAKRIDGE L 167	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARVIN, JAYE	
STREET ADDRESS	OAKRIDGE L 167	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADNA, GENEVOSA	
STREET ADDRESS	OAKRIDGE L #169	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELLINGER, BILL	
STREET ADDRESS	410 S. POWERLINE ROAD	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100005257721--9	
STREET ADDRESS	-04/12/02--01058--001	
CITY-ST-ZIP	**15067.50 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Handwritten Signature]</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" 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: *Bill Dellinger* BILL DELLINGER 1/21/02 (954)428-7013

CP2E037 (9/01)