

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # 736925**

1. Entity Name

OAKRIDGE "L" CONDOMINIUM ASSOCIATION, INC.



FILED

04 APR 27 PM 3:40

**66413166** STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BCH FL 33442-2085	Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BCH FL 33442-2085
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number **59-1906641** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE: D NAME: RONA, GENEROSA <input checked="" type="checkbox"/> Delete STREET ADDRESS: OAKRIDGE L 169 CITY-ST-ZIP: DEERFIELD BEACH FL 33442	TITLE: TS NAME: DELLINGER, BILL <input type="checkbox"/> Delete STREET ADDRESS: 410 S POWERLINE ROAD CITY-ST-ZIP: DEERFIELD BEACH FL 33442
TITLE: VD NAME: SERVIDIO, AL <input checked="" type="checkbox"/> Delete STREET ADDRESS: OAKRIDGE L 167 CITY-ST-ZIP: DEERFIELD BEACH FL 33442	TITLE: PD NAME: MARVIN, JAYE <input type="checkbox"/> Delete STREET ADDRESS: OAKRIDGE L 167 CITY-ST-ZIP: DEERFIELD BEACH FL 33442
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: D'AMBROSIO, JOSEPH STREET ADDRESS: OAKRIDGE L 184 CITY-ST-ZIP: DEERFIELD BEACH, FL. 33442	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: MEYERS, MICHAEL STREET ADDRESS: OAKRIDGE L 178 CITY-ST-ZIP: DEERFIELD BEACH, FL. 33442	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:	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: Bill Dellinger **BILL DELLINGER** 2/6/04 (954)428-7013  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #