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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 6:43

DOCUMENT # 737623 (9)

1. Corporation Name

OAKRIDGE "C" CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001474672
-05/04/95--01001--001
32760.00 **130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
SOL SILVERMAN OAKRIDGE C 21 CVE DEERFIELD BEACH FL 33442		SOL SILVERMAN OAKRIDGE C 21 CVE DEERFIELD BEACH FL 33442	

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/23/1976		05/01/1994		59-1897015	
City & State		City & State		5. Certificate of Status Desired		Applied For		Not Applicable	
Zip		Country		Zip		Country		8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes	
24		25		29		30		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

**CONDO OWNERS ORG. OF CVE, INC.
3501 WEST DR.
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature (handwritten printed name of registered agent and title if applicable)) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD
NAME	PRISEL, SIMON	1.2 NAME	LAVERDURE, FERNAND
STREET ADDRESS	OAKRIDGE C-40	1.3 STREET ADDRESS	OAKRIDGE C-26
CITY ST ZIP	DEERFIELD BEACH, FL00000	1.4 CITY ST ZIP	DEERFIELD BEACH, FL. 33442
TITLE	D	2.1 TITLE	SD
NAME	LAVERDURE, JEANNINE	2.2 NAME	
STREET ADDRESS	OAKRIDGE C-26	2.3 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH, FL00000	2.4 CITY ST ZIP	DEERFIELD BEACH, FL. 33442
TITLE	D	3.1 TITLE	VD
NAME	WEINTRAUB, BEN	3.2 NAME	
STREET ADDRESS	OAKRIDGE C-29	3.3 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL 33442	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	D
NAME	BERRKOVITZ, MAX	4.2 NAME	CREPEAU, MICHEL
STREET ADDRESS	OAKRIDGE C 24 CVE	4.3 STREET ADDRESS	OAKRIDGE C-34
CITY ST ZIP	DEERFIELD BEACH FL 33442	4.4 CITY ST ZIP	DEERFIELD BEACH, FL. 33442
TITLE	PD	5.1 TITLE	
NAME	SILVERMAN, SOL	5.2 NAME	
STREET ADDRESS	OAKRIDGE C-21	5.3 STREET ADDRESS	
CITY ST ZIP	DEERFIELD FL 33442	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	
NAME	DESSURELT, MAURICE	6.2 NAME	DESSURELT, MAURICE
STREET ADDRESS	OAKRIDGE C 24	6.3 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL 33442	6.4 CITY ST ZIP	

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 110.07(3)(a), 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: Fernand Laverdure FERNAND LAVERDURE 905-360-0967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 30. 1995