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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

737623

(9)

OAKRIDGE "C" CONDOMINIUM ASSOCIATION, INC.

Mailing Address Principal Place of Business SOL SILVERMAN SOL SILVERMAN OAKRIDGE C 21 CVE OAKRIDGE C 21 CVE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 3a. Date of Last Report 05/01/1995 Applied For 59-1897015 2. Principal Place of Business Not Applicable C/O CENTURY MAINT, MGT. 21 96 CENTURY MAINT + MGT. \$8.75 Additional Suite, Apl. #, etc. 410 5. POWERLINE Rd. 5. Certificate of Status Desired Fee Required 410 S. POWERLINE Rd. \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) CONDO OWNERS ORG. OF CVE, INC. 82 3501 WEST DR. 83 **DEERFIELD BEACH FL 33442-2085** Zip Code 85 84 City 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. (NO1E Registere / Agent signature ren irrad when reinstalling) SIGNATURE Signature, typed or printed name of registered age it and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition DELETE 1.1.1ITLE PΩ TITLE LAVERDURE, FERNAND 1.2 NAME NAME **OAKRIDGE C 26** 1.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 14 CITY - ST - ZIP Addition CITY-ST-ZIP Secy. only DELETE 21 TITLE SD) TITLE LAVERDURE, JEANNINE 2 2 NAME NAME **OAKRIDGE C-26** 2.3 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** 2 4 CITY - ST-ZIP Change ☐ Addition CITY-ST-ZIP VI) DELETE 31 TITLE TITLE WEINTRAUB ,BEN 32 NAME NAME **OAKRIDGE C-29** 33 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** 3 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE CREDEAU, MICHEL 4 2 NAME NAME 200001797582 OAKRIDGE C 34 4 3 STREET ADDRESS -04/29/96--01024--001 Change STREET ADDRESS **DEERFIELD BEACH FL 33442** 4.4 CITY - ST - ZIP Addition CITY - ST - ZIP PD (DURING SUMMER MCS.) DELETE ***15128.75 51 TITLE TITLE SILVERMAN, SOL 5.2 NAME NAME **OAKRIDGE C-21** 5.3 STREET ADDRESS STREET ADDRESS **DEERFIELD FL 33442** 5 4 CITY - ST- ZIP CITY-ST-ZIP ☐ Addition 61 THLE TIDSUREALT, MAURILE OAKRIDGE "C"#32 DELETE TITLE DESSUREALT_MAURICE 62 NAME NAME

DEERFIELD BEACH FL 33442 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

OAKRIDGE 0(24)

rul SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037

(12/95)