

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

97 APR 29 PM 12: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 737623 (9)  
1. Corporation Name  
OAKRIDGE "C" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O CENTURY MAINTENANCE MANAGEMENT, 410 SOUTH POWERLINE ROAD, DEERFIELD BEACH FL 33442

Mailing Address: C/O CENTURY MAINTENANCE MANAGEMENT, 410 SOUTH POWERLINE ROAD, DEERFIELD BEACH FL 33442-8107

3. Date Incorporated or Qualified: 12/23/1976  
3a. Date of Last Report: 04/27/1996

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1897015  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing:  \$8.75 Additional Fee Required,  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No

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: FL 85 Zip Code

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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: LAVERDURE, FERNAND	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: OAKRIDGE C 26	CITY-ST-ZIP: DEERFIELD BEACH FL 33442	1.2 NAME	
TITLE: S	NAME: LAVERDURE, JEANNINE	1.3 STREET ADDRESS	500002159275--8
STREET ADDRESS: OAKRIDGE C-26	CITY-ST-ZIP: DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	-04/29/97--01109--001
TITLE: VD	NAME: WEINTRAUB, BEN	2.1 TITLE	**15190.00 ***61.25
STREET ADDRESS: OAKRIDGE C-29	CITY-ST-ZIP: DEERFIELD BEACH FL 33442	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: CREDEAU, MICHEL	2.3 STREET ADDRESS	
STREET ADDRESS: OAKRIDGE C 34	CITY-ST-ZIP: DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	
TITLE: PD	NAME: SILVERMAN, SOL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: OAKRIDGE C-21	CITY-ST-ZIP: DEERFIELD FL 33442	3.2 NAME	
TITLE: D	NAME: DESSUREALT, MAURICE	3.3 STREET ADDRESS	
STREET ADDRESS: OAKRIDGE C 32	CITY-ST-ZIP: DEERFIELD BEACH FL 33442	3.4 CITY-ST-ZIP	
TITLE: D	NAME: DESSUREALT, MAURICE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: OAKRIDGE C 32	CITY-ST-ZIP: DEERFIELD BEACH FL 33442	4.2 NAME	
TITLE: PD	NAME: SILVERMAN, SOL	4.3 STREET ADDRESS	
STREET ADDRESS: OAKRIDGE C-21	CITY-ST-ZIP: DEERFIELD FL 33442	4.4 CITY-ST-ZIP	
TITLE: D	NAME: DESSUREALT, MAURICE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: OAKRIDGE C 32	CITY-ST-ZIP: DEERFIELD BEACH FL 33442	5.2 NAME	D
TITLE: PD	NAME: SILVERMAN, SOL	5.3 STREET ADDRESS	PAIZEL, SIMON
STREET ADDRESS: OAKRIDGE C-21	CITY-ST-ZIP: DEERFIELD FL 33442	5.4 CITY-ST-ZIP	OAKRIDGE C 40
TITLE: D	NAME: DESSUREALT, MAURICE	6.1 TITLE	DEERFIELD BEACH, FL 33442
STREET ADDRESS: OAKRIDGE C 32	CITY-ST-ZIP: DEERFIELD BEACH FL 33442	6.2 NAME	TD
TITLE: PD	NAME: SILVERMAN, SOL	6.3 STREET ADDRESS	
STREET ADDRESS: OAKRIDGE C-21	CITY-ST-ZIP: DEERFIELD FL 33442	6.4 CITY-ST-ZIP	

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PAIZEL, SIMON  
OAKRIDGE C 40  
DEERFIELD BEACH, FL 33442

TD

14. I do 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 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 00/11/97 (954) 360-0967  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042951

CR2E037 (9/96)