

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90163 001 14,638.75

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 737623

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/23/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1897015	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONDO OWNERS ORG. OF CVE, INC. 3501 WEST DR. DEERFIELD BEACH FL 33442-2085				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LAVERDURE, FERNAND		1.2 NAME				
STREET ADDRESS	OAKRIDGE C 26		1.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LAVERDURE, JEANNINE		2.2 NAME				
STREET ADDRESS	OAKRIDGE C-26		2.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WEINTRAUB, BEN		3.2 NAME				
STREET ADDRESS	ISLEWOOD D 3004		3.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CREPEAU, MICHEL		4.2 NAME				
STREET ADDRESS	OAKRIDGE C 34		4.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RICHMAN, LENA		5.2 NAME				
STREET ADDRESS	OAKRIDGE 29		5.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		5.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DESSUREAULT, MAURICE		6.2 NAME				
STREET ADDRESS	OAKRIDGE C 32		6.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		6.4 CITY-ST-ZIP				

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* 2/26/99 (954)428-7013

CR2E037 (11/98)