


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

04-27-2007 90235 001 15,496.25

DOCUMENT # 737623

1. Entity Name
OAKRIDGE "C" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O COOCVE
 3501 WEST DRIVE
 DEERFIELD BEACH, FL 33442-2085**

Mailing Address
**C/O COOCVE
 3501 WEST DRIVE
 DEERFIELD BEACH, FL 33442-2085**

66014251



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03042007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**CONDO OWNERS ORG. OF CVE, INC.
 3501 WEST DR.
 DEERFIELD BEACH, FL 33442-2085**

4. FEI Number
59-1897015

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2007

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

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT DESSUREAULT, MAURICE 32 OAKRIDGE C DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GALPERN, RUTH 21 OAKRIDGE C DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLEARY, LYNN 37 OAKRIDGE C DEERFIELD BEACH, FL 33442 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GALPERN, GILBERT OAKRIDGE C 21 DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VO BEIRIGER, MARY 31 OAKRIDGE DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALAN MISON ZNICK 25 oakridge 'c' D.B 71 33442 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAYNald Vaillancourt 36 oakridge 'c' D. 9 71 33442 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gilles PATRY 34 oakridge 'c' D.B 71 33442 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRANK SIVERSEY 28 oakridge 'c' D.B 71 33442 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: M. Dessureault **MAURICE DESSUREAULT** (954) 429-1751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #