

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738614** (7)
1. Corporation Name
OAKRIDGE "A" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business OAKRIDGE "A" 4015 DEERFIELD BCH FL 33442	Mailing Address OAKRIDGE "A" 4015 DEERFIELD BCH FL 33442
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/11/1977	4. FEI Number 59-1950768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**CONDOMINIUM OWNERS ORGANIZ. OF CENT. VILL.
3501 WEST DRIVE
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)

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	GOLDSTEIN, SOL
STREET ADDRESS	3020 OAKRIDGE A
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STEIN, BILL
STREET ADDRESS	OAKRIDGE A 1010
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	PD <input type="checkbox"/> DELETE
NAME	GORLICK, NATHAN
STREET ADDRESS	4015 OAKRIDGE A
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ROSOWSKY, HELEN
STREET ADDRESS	2003 OAKRIDGE A
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	D <input type="checkbox"/> DELETE
NAME	WOLFE, JOE
STREET ADDRESS	OAKRIDGE A 3018
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	SD <input type="checkbox"/> DELETE
NAME	RADOFF, JEANNETTE
STREET ADDRESS	1011 OAKRIDGE A
CITY-ST-ZIP	DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. Esther KATZ
1.3 STREET ADDRESS	3006 OAKRIDGE A
1.4 CITY-ST-ZIP	DEERFIELD BEACH FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D. Gilbert Telsey
2.3 STREET ADDRESS	1007 OAKRIDGE A
2.4 CITY-ST-ZIP	DEERFIELD BEACH FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100002474780
5.3 STREET ADDRESS	-04/01/98--01022--010
5.4 CITY-ST-ZIP	***15006.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PE
6.3 STREET ADDRESS	331
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.

SIGNATURE: _____ **2/4/98 954-432-8024**

CP2E037 (10/97)