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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

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

04-14-1999 90163 001 14,638.75

**DOCUMENT # 738614**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/11/1977

4. FEI Number

59-1950768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE  
NAME GOLDSTEIN, SOL  
STREET ADDRESS 3020 OAKRIDGE A  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☐ DELETE  
NAME STEIN, BILL  
STREET ADDRESS OAKRIDGE A 1010  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE PD ☐ DELETE  
NAME GORLICK, NATHAN  
STREET ADDRESS 4015 OAKRIDGE A  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE T ☐ DELETE  
NAME ROSOWSKY, HELEN  
STREET ADDRESS 2003 OAKRIDGE A  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D ☐ DELETE  
NAME WOLFE, JOE  
STREET ADDRESS OAKRIDGE A 3016  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE SD ☐ 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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**D Gil Telsey**  
**1007 OAKRIDGE A**  
**DEERFIELD Bch FL 33442**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**DESTHER KATZ**  
**3006 OAKRIDGE A**  
**DEERFIELD Bch FL 33442**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 REQUIRED**

**Nathan Gorlick 1/18/99 954-427-8024**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)