

2002 UNIFORM BUSINESS REPORT (UBR)

0036065

DOCUMENT # 738614

1. Entity Name

OAKRIDGE "A" CONDOMINIUM ASSOCIATION, INC. ✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 AM 11:47

Principal Place of Business

Mailing Address

OAKRIDGE "A" 4015
DEERFIELD BCH FL 33442

OAKRIDGE "A" 4015
DEERFIELD BCH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1950768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZ. OF CENT. VILL.
3501-WEST DRIVE
DEERFIELD BEACH FL 33442-2085

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, ZACK	
STREET ADDRESS	4013 OAKRIDGE A	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP/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	D	<input type="checkbox"/> Delete
NAME	LEVITT, LEWIS	
STREET ADDRESS	2903 OAKRIDGE A 3015	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOMMIT, PHIL	
STREET ADDRESS	OAKRIDGE A 1018	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORACHE, GERALD	
STREET ADDRESS	3017 OAKRIDGE A	
CITY-ST-ZIP	DEERFIELD BEACH FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM GORLICK	
STREET ADDRESS	3009 OAKRIDGE A	
CITY-ST-ZIP	Deerfield Beach FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100005257741	
STREET ADDRESS	-04/12/02--01058--001	
CITY-ST-ZIP	**15067.50 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Nathan Gorlick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATHAN GORLICK 1/7/02

954-427-8024

Date

Daytime Phone #

CR2E037 (9/01)