

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736685

**FILED**  
**Feb 11, 2022**  
**Secretary of State**  
**4321141104CC**

**Entity Name:** OAKRIDGE "M" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

EAST COAST MAINTENANCE & MANAGEMENT  
410 SOUTH MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

EAST COAST MAINTENANCE & MANAGEMENT  
410 SOUTH MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 59-1907257

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EAST COAST MAINTENANCE & MANAGEMENT  
410 SOUTH MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MURPHY, FRANK  
Address        185 OAKRIDGE M  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            TREASURER, DIRECTOR  
Name            LESSER, JIM  
Address        193 OAKRIDGE M  
City-State-Zip: DEERFIELD BEACH FL 33443

Title            VP, DIRECTOR, SECRETARY  
Name            ARCHAMBAULT, FRANCINE  
Address        198 OAKRIDGE M  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            JEKNER, MARIA  
Address        195 OAKRIDGE M  
City-State-Zip: DEERFIELD BEACH FL 33442

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MURPHY , FRANK

**PRESIDENT**

**02/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date