

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736920

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-1901626

**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 VP, DIRECTOR  
Name SGOFF, JUDITH  
Address 343 OAKRIDGE S  
City-State-Zip: DEERFIELD BEACH FL 33442

Title D  
Name SAINT-ONGE, CHARLES  
Address 339 OAKRIDGE S  
City-State-Zip: DEERFIELD BEACH FL 33442

Title PRESIDENT, DIRECTOR  
Name GARAND, EMILE  
Address 325 OAKRIDGE S  
City-State-Zip: 33442 FL

Title D, TREASURER  
Name CUMMINGS, GERALD  
Address 341 OAKRIDGE S  
City-State-Zip: 33442 FL

Title DIRECTOR  
Name WAYNE, GARY  
Address 328 OAKRIDGE S  
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:** EMILE GARAND

**PRESIDENT**

**01/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date