# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 01, 2009**
**Secretary of State**

DOCUMENT# 719906

**Entity Name:** OAKRIDGE CONDOMINIUM APARTMENTS, INC.

**Current Principal Place of Business:**

4441 SW 32 AV
#7
FORT LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

4441 SW 32 AV
#7
FORT LAUDERDALE, FL 33312 US

**New Mailing Address:**

**FEI Number: 59-1385515** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

NAPOLI, MICHAEL
534 SW 13TH AVENUE
FT. LAUDERDALE, FL 33312 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: NAPOLI, MICHAEL
Address: 534 SW 13TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP ( ) Delete
Name: YEKER, ALP
Address: 4441 SW 32 AVENUE, #9
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: T ( ) Delete
Name: DEMIR, OGUS
Address: 4441 SW 32 AVENUE, #7
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: S ( ) Delete
Name: DEMIR, OGUS
Address: 4441 SW 32 AVENUE, #7
City-St-Zip: FORT LAUDERDALE, FL 33312 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL NAPOLI PRES 02/01/2009

Electronic Signature of Signing Officer or Director — Date