

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736681 (8)
1. Corporation Name
OAKRIDGE "H" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O OAKRIDGE H-95 CENTURY VILLAGE DEERFIELD BEACH FL 33442
Mailing Address: C/O OAKRIDGE H-95 CENTURY VILLAGE DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 08/26/1976
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.
4. FEI Number: 59-1901549
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GIBBS, ABE OAKRIDGE "H" #95/CVE DEERFIELD BEACH FL 33442-2085
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: _____ DATE: _____
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	GIBBS, ABE OAKRIDGE H-95 DEERFIELD BEACH FL	1.1 TITLE	
TITLE: D	HERVISH, CHARLES OAKRIDGE H-96 DEERFIELD BEACH FL	1.2 NAME	
TITLE: VD	BELPER, JOE OAKRIDGE H-97 DEERFIELD BEACH FL	1.3 STREET ADDRESS	
TITLE: ST	GIBBS, MIRIAM OAKRIDGE H-95 DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	
TITLE:		2.1 TITLE	
TITLE:		2.2 NAME	
TITLE:		2.3 STREET ADDRESS	
TITLE:		2.4 CITY-ST-ZIP	
TITLE:		3.1 TITLE	
TITLE:		3.2 NAME	
TITLE:		3.3 STREET ADDRESS	
TITLE:		3.4 CITY-ST-ZIP	
TITLE:		4.1 TITLE	
TITLE:		4.2 NAME	
TITLE:		4.3 STREET ADDRESS	
TITLE:		4.4 CITY-ST-ZIP	
TITLE:		5.1 TITLE	
TITLE:		5.2 NAME	
TITLE:		5.3 STREET ADDRESS	
TITLE:		5.4 CITY-ST-ZIP	
TITLE:		6.1 TITLE	
TITLE:		6.2 NAME	
TITLE:		6.3 STREET ADDRESS	
TITLE:		6.4 CITY-ST-ZIP	

V/D
GLADYS HUBINGER
OAKRIDGE H-95
DEERFIELD BEACH, FL

300001797603
-04/29/96--01024--001
***15128.75

6/15/96
APL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *abe gibbs* ABE GIBBS 2/1/96 (954) 426-2378
Daytime Phone #

CR2E037 (12/95)