

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

97 APR 28 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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-85 CENTURY VILLAGE DEERFIELD BEACH FL 33442 | Mailing Address C/O OAKRIDGE H-85 CENTURY VILLAGE DEERFIELD BEACH FL 33442 |
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| | |
|--|--|
| 3. Date Incorporated or Qualified 08/26/1976 | 3a. Date of Last Report 08/15/1996 |
|--|--|

| | |
|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 |
|--|---|

| | |
|--|---|
| 4. FEI Number 59-1901549 | Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GIBBS, ABE | |
| STREET ADDRESS | OAKRIDGE H-95 | |
| CITY - ST - ZIP | DEERFIELD BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HERMISH, CHARLES | |
| STREET ADDRESS | OAKRIDGE H-96 | |
| CITY - ST - ZIP | DEERFIELD BEACH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | LUBINGER, GLADYS | |
| STREET ADDRESS | OAKRIDGE H-85 | |
| CITY - ST - ZIP | DEERFIELD BEACH FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | GIBBS, MIRIAM | |
| STREET ADDRESS | OAKRIDGE H-95 | |
| CITY - ST - ZIP | DEERFIELD BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 100002159561--5 |
| 1.4 CITY - ST - ZIP | -04/29/97--01109--001 |
| | **15190.00 *****61.25 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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 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 DATE: 1/16/97 PHONE: 406-2378

CR2E037 (9/96)