


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/26/1976	
4. FEI Number 59-1901549	Applied For <input 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIBBS, ABE		1.2 NAME	
STREET ADDRESS OAKRIDGE H-95		1.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERVISH, CHARLES		2.2 NAME	PEARL WILLIAMS
STREET ADDRESS OAKRIDGE H-95		2.3 STREET ADDRESS	OAKRIDGE H-94
CITY-ST-ZIP DEERFIELD BEACH FL		2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUBINGER, GLADYS		3.2 NAME	
STREET ADDRESS OAKRIDGE H-85		3.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL		3.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIBBS, MIRIAM		4.2 NAME	
STREET ADDRESS OAKRIDGE H-95		4.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	000002474750
STREET ADDRESS		5.3 STREET ADDRESS	-04/01/98--01022--010
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***15006.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	PE
STREET ADDRESS		6.3 STREET ADDRESS	3-31
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 M. Gibbs 1/14/98 426-2378

CF2E037 (10/97)