

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736681

1. Entity Name

OAKRIDGE "H" CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1901549	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GIBBS, ABE
 OAKRIDGE "H" #95/CVE
 DEERFIELD BEACH FL 33442-2085

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. 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	WILLIAMS, PEARL	
STREET ADDRESS	OAKRIDGE H-94	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D IRENE SHEARS	
STREET ADDRESS	OAKRIDGE - H-102	
CITY-ST-ZIP	DEERFIELD BCH FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CAROL SKUTNIK	
STREET ADDRESS	OAKRIDGE - H-97	
CITY-ST-ZIP	DEERFIELD BCH FL.	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE RECORDED 1/19/00 H26-2378
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)