

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90417 001 15,496.25

<b>DOCUMENT # 736681</b> 1. Entity Name <b>OAKRIDGE "H" CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>CONDO. OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>				Mailing Address <b>CONDO. OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CONDO OWNERS ORG OF CENTURY VILLAGE EAST 3501 WEST DRIVE DEERFIELD BEACH, FL 33442</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="text-align: right;">DATE _____</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<div style="display: flex; justify-content: space-between;"> <div> <b>\$5.00 May Be Added to Fees</b> </div> <div> <b>Make check payable to Florida Department of State</b> </div> </div>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLIVKA, RON 90 OAKRIDGE H DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bob JENKINS 93 Oakridge H D.B. H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, BOB 93 OAKRIDGE H DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SHEARS, IRENE 102 OAKRIDGE H DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEHER, SUZANNE 92 OAKRIDGE H DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBINGER, GLADYS 85 OAKRIDGE H DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SLOVES, STUART 47 MARKHAM B DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right; text-align: right;"> <b>2/20/06</b>  <small>Date</small> </div> <div style="float: right; text-align: right;"> <b>(954) 937-8970</b>  <small>Daytime Phone #</small> </div> <div style="clear: both;"></div>					

**RONALD R. SLIVKA**