

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90101 001 15,496.25

**DOCUMENT # 736681**

1. Entity Name  
**OAKRIDGE "H" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**CONDO. OWNERS ORG. OF CENTURY VILLAGE E  
3501 WEST DRIVE  
DEERFIELD BEACH, FL 33442-2085**

Mailing Address  
**CONDO. OWNERS ORG. OF CENTURY VILLAGE E  
3501 WEST DRIVE  
DEERFIELD BEACH, FL 33442-2085**

00011010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1901549**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDO OWNERS ORG OF CENTURY VILLAGE EAST  
3501 WEST DRIVE  
DEERFIELD BEACH, FL 33442**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SLIVKA, RON  
STREET ADDRESS 90 OAKRIDGE H  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE **D** ☐ Change ☒ Addition  
NAME **STUART SLOVES**  
STREET ADDRESS **47 MARKHAM B.**  
CITY-ST-ZIP **D.B.H 33442**

TITLE D ☐ Delete  
NAME JENKINS, BOB  
STREET ADDRESS 93 OAKRIDGE H  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVS ☐ Delete  
NAME SHEARS, IRENE  
STREET ADDRESS 102 OAKRIDGE H  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME NEHER, SUZANNE  
STREET ADDRESS 92 OAKRIDGE H  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LUBINGER, GLADYS  
STREET ADDRESS 85 OAKRIDGE H  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME SLOVES, STUART  
STREET ADDRESS 47 MARKHAM B  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Stuart Sloves* **STUART SLOVES** **4/10/08** **(954) 415-3939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #