## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 736681** 

FILED Feb 12, 2009 Secretary of State

Entity Name: OAKRIDGE "H" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** CONDO. OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 334422085 **New Mailing Address: Current Mailing Address:** CONDO. OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 334422085 FEI Number: 59-1901549 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONDO OWNERS ORG OF CENTURY VILLAGE EAST 3501 WEST DRIVE DEERFIELD BEACH, FL 33442 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SLOVES, STUART SLIVKA, RON Name: Name: 47 MARKHAM 'B' Address: 90 OAKRIDGE H Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: DEERFIELD BEACH, FL 33442 Title: Title: ( ) Delete () Change () Addition JENKINS, BOB Name: Name: Address: 93 OAKRIDGE H Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: DVS () Delete Title: () Change () Addition SHEARS, IRENE Name: Name: Address: 102 OAKRIDGE H Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: NEHER, SUZANNE Name: 92 OAKRIDGE H Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: () Delete Title: () Change () Addition LUBINGER, GLADYS Name: Name: 85 OAKRIDGE H Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: () Delete Title: () Change () Addition SLOVES, STUART Name: Name: Address: 47 MARKHAM B Address: DEERFIELD BEACH, FL 33442 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON SLIVKA PD 02/12/2009