


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90235 001 15,496.25

<b>DOCUMENT # 736685</b>			
1. Entity Name <b>OAKRIDGE "M" 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1907257</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>COND.OWNERS ORGANIZATION CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-answering) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD SILVER, MORTON OAKRIDGE M 202 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	
TITLE	VD PIVIROTTO, LORRAINE 196 OAKRIDGE M DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	
TITLE	TS DELLINGER, BILL 410 S POWERLINE RD DEERFIELD BEACH, FL 33443	<input type="checkbox"/> Delete	
TITLE	D MURPHY, FRANK 186 OAKRIDGE M DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	
TITLE	D KLEIN, KATE 201 OAKRIDGE M DEERFIELD BEACH, FL 33443	<input checked="" type="checkbox"/> Delete	
TITLE	D LISTEN, NATALIE 204 OAKRIDGE M DEERFIELD BEACH, FL 33443	<input type="checkbox"/> Delete	
TITLE	VD KATE KLEIN 201 oakridge M D.B.H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D Belle GoldSTEIN 189 oakridge M D.B.H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D RICHARD CATE 208 oakridge M D.B.H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D Shirley Tennebaem 200 oakridge M D.B.H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D LORRAINE PIVROTTO 196 oakridge M D.B.H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<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: <u>Morton Silver</u>		Date: <u>4/15/07</u> (954) 421-3702	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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