

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2005 8:00 am
Secretary of State

05-05-2005 90139 001 15,373.75

DOCUMENT # 736686

1. Entity Name
OAKRIDGE "N" 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**

66019476



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192005 Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1901930

Applied For
Not Applicable

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

**CONDOMINIUM OWNERS ORGANIZATION CEN. VILL.
3501 WEST DRIVE
DEERFIELD BEACH, FL 33442-2085**

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 reappointing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

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	SD	<input type="checkbox"/> Delete
NAME	WARSHAVER, GERT	
STREET ADDRESS	OAKRIDGE N-209	
CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	SPINNER, LILLIAN	
STREET ADDRESS	OAKRIDGE N-220	
CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOGEL, THELMA	
STREET ADDRESS	OAKRIDGE N 221	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPINNER, LILLIAN	
STREET ADDRESS	OAKRIDGE N 220	
CITY-ST-ZIP	DEERFIELD BCH., FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HELLER, ARTHUR	
STREET ADDRESS	OAKRIDGE N 211	
CITY-ST-ZIP	DEERFIELD BCH., FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MINTZ, HARRIET	
STREET ADDRESS	OAKRIDGE N 214	
CITY-ST-ZIP	DEERFIELD BCH, FL	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thelma Fogel	
STREET ADDRESS	221 OAKRIDGE N	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> Change <input checked="" 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		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employment.

SIGNATURE:

Arthur Heller **ARTHUR HELLER** 4/4/05 (954) 421-5779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #