

# 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 # 736686</b> 1. Entity Name <b>OAKRIDGE "N" 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		4. FEI Number <b>59-1901930</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CONDOMINIUM OWNERS ORGANIZATION CEN. VILL. 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 terminating)</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 <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPINNER, LILLIAN OAKRIDGE N 220 DEERFIELD BCH., FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORMA NUTKEVITCH 229 Oakridge N D.B.H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUTKEUTCH, NORMA 229 OAKRIDGE N DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDA FUNT 218 Oakridge N D.B.H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOGEL, THELMA 221 OAKRIDGE NORTH DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIET MINTZ 214 Oakridge N D.B.H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAVONE, ANNA 227 OAKRIDGE N DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gittie KIRSTEIN 230 Oakridge N D.B.H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTZ, HARRIET 214 OAKRIDGE N DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Solly KIRSTEIN 230 Oakridge N D.B.H 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.					
<b>SIGNATURE:</b> <i>Frieda Funt</i> <b>FRIEDA FUNT</b> 4/15/07 (954) 427-9192 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					