FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **736920** **(0)**

1. Corporation Name

OAKRIDGE "S" CONDOMINIUM ASSOCIATION, INC.

100001474801
-05/04/95--01001--001
**32760.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
OAKRIDGE S 331 DEERFIELD BCH FL 33442	OAKRIDGE S 331 DEERFIELD BCH FL 33442

3. Date Incorporated or Qualified: **09/29/1976**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1901626** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

21 Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country

26 Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country

9. Name and Address of Current Registered Agent

MENDELSON, SYLVIA
OAKRIDGE "S" 331/CVE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	SAGE, LOUIS	12 NAME	GREKIN, PEARL	
STREET ADDRESS	OAKRIDGE S-339	13 STREET ADDRESS	OAKRIDGE S 325	
CITY-ST-ZIP	DEERFIELD BCH. FL	14 CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	SHILANSKY, EVA	22 NAME		
STREET ADDRESS	OAKRIDGE S-344	23 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH. FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	MENDELSON, SYLVIA	32 NAME		
STREET ADDRESS	OAKRIDGE S-331	33 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH. FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	GOLDBERG,MOLLIE	42 NAME		
STREET ADDRESS	OAKRIDGE S-344	43 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH. FL	44 CITY-ST-ZIP		
TITLE	P	51 TITLE	D	☐ Change ☑ Addition
NAME	GREKIN, PEARL	52 NAME	GOLOBERG Seymore	
STREET ADDRESS	OAKRIDGE S 325	53 STREET ADDRESS	OAKRIDGE S 342	
CITY-ST-ZIP	DEERFIELD BEACH FL	54 CITY-ST-ZIP	DEERFIELD BEACH, FLA	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

SPS11

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pearl Grekin Feb 6/95 (305) 4276842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PEARL GREKIN

6012353