

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736920 (0)
1. Corporation Name
OAKRIDGE "S" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business OAKRIDGE S 331 DEERFIELD BCH FL 33442	Mailing Address OAKRIDGE S 331 DEERFIELD BCH FL 33442
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3. Date Incorporated or Qualified 09/29/1976	
4. FEI Number 59-1901626	Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Eva Shilansky* V.P.
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREKIN, PEARL	
STREET ADDRESS	OAKRIDGE S 325	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHILANSKY, EVA	
STREET ADDRESS	OAKRIDGE S-344	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MENDELSON, SYLVIA	
STREET ADDRESS	OAKRIDGE S-331	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, MOLLIE	
STREET ADDRESS	OAKRIDGE S-344	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GREKIN, PEARL	
STREET ADDRESS	OAKRIDGE S 325	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, SEYMORE	
STREET ADDRESS	OAKRIDGE S 342	
CITY-ST-ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

300002474738 Change Addition
-04/01/98--01022--010
*****15006.25**

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14. 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 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: *Eva Shilansky* D *2/21/98 427-9502*

CR2E037 (10/97)