

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

DOCUMENT # 736920

1. Entity Name

OAKRIDGE "S" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

OAKRIDGE S 331
 DEERFIELD BCH FL 33442

OAKRIDGE S 331
 DEERFIELD BCH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1901626

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE HOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GREKIN, PEARL	OAKRIDGE S 325	DEERFIELD BEACH FL	<input type="checkbox"/>
VD	SHILANSKY, EVA	OAKRIDGE S-344	DEERFIELD BCH. FL	<input type="checkbox"/>
TD	MENDELSON, SYLVIA	OAKRIDGE S-331	DEERFIELD BCH. FL	<input type="checkbox"/>
SD	GOLDBERG, MOLLIE	OAKRIDGE S-344	DEERFIELD BCH. FL	<input type="checkbox"/>
P	JACKSON, HERBERT	OAKRIDGE S 330	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>
D	KESSLER, RITA	OAKRIDGE S 329	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Ruth Adelstein	OAKRIDGE S 328	DEERFIELD BEACH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	RAY ORLOFF	OAKRIDGE S 344	DEERFIELD BEACH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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 empowered.

SIGNATURE: Sylvia Mendelson 2/16/2000 427-4041
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)