

2002 UNIFORM BUSINESS REPORT (UBR)

0096351

DOCUMENT # 736920
 1. Entity Name
OAKRIDGE "S" CONDOMINIUM ASSOCIATION, INC. ✓

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 APR -3 PM 1:06

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
OAKRIDGE S **OAKRIDGE "S"**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
331 **# 331**
 City & State City & State
Deerfield Beach, FLA **Deerfield Beach, FLA**
 Zip Zip Country Country
33442 **33442**

4. FEI Number Applied For
59-1901626 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MENDELSON, SYLVIA
OAKRIDGE "S" 331/CVE
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
 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 reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600005257706--5 -04/12/02--01058--001 **15067.50 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SYLVIA MENDELSON IS NOW SECRETARY TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SYLVIA MENDELSON OAKRIDGE S 331 DEERFIELD BEACH FLA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition RAH

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: **SIGNATURE REQUIRED** President JAN 10/02 427 6942
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)