


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-05-2005 90139 001 15,373.75

DOCUMENT # 736920			
1. Entity Name OAKRIDGE "S" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O CONDOMINIUM OWNERS ORGANIZATION OF CEN 3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085		Mailing Address C/O CONDOMINIUM OWNERS ORGANIZATION OF CEN 3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03192005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1901626		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registrant agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREKIN, PEARL OAKRIDGE S 325 DEERFIELD BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARY KIRCH GESSNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 338 OAKRIDGE S Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIRCHGESSNER, MARY OAKRIDGE S-338 DEERFIELD BCH., FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SYLVIA MENDELSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 331 OAKRIDGE S D. B. FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MENDELSON, SYLVIA OAKRIDGE S-331 DEERFIELD BCH., FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruth EDELSTEIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 328 OAKRIDGE S D.B. FL. 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLAN, AARON OAKRIDGE S 332 DEERFIELD BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, JAMES APT 329 OAKRIDGE S DEERFIELD BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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 817, 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: <u>Pearl Grekin</u> PEARL GREKIN		Date: <u>May 22/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		<small>Date</small>	

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(954) 427-6942