## 2007 NOT-FOR-PROFIT CORPORATION

## FILED May 10, 2007 8:00 am Secretary of State 04-27-2007 90235 001 15,496.25

| ANNUAL REPORT    |          |
|------------------|----------|
| DOCUMENT #736920 | ACTION A |

| Entity Name     OAKRIDGE "S" CONDOMINIUM ASS  | OCIATION, INC.  |                                    |  |          |
|---|---|------------------------------------|--|----------|
| Principal Place of Business<br>COOVE<br>3501 WEST DRIVE<br>DEERFIELD BCH, FL 33442-2085   | Maiting Address<br>COOVE<br>3501 WEST DRIVE<br>DEERFIELD BCH, FL 334  | 442-2085                           |  |          |
| 2. Principal Place of Business - No P.O. Box #  | 3. Mailing Address  |                                    |  |          |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   | . : Make .                         | 03042007 Chg-NP CR2E037 (12/06)  |          |
| City & State  | City & State  |                                    | 4. FEI Number Applied For 59-1901626 Not Applie  | _        |
| Zip Country   | Zip   | Country                            | 5. Certificate of Status Desired   |          |
| Rame and Address of Current Registered Agent     7. Name and Address of New Registered Agent  |   |                                    | $\Box$   |          |
| CONDOMINIUM OWNERS ORGANIZATION OF CENTURY  |   |                                    |  | ł        |
|   |   | Street Address                     | (P.O. Box Number is Not Acceptable)  |          |
|   |   | City                               | F] Zip Code  | $\dashv$ |
| The above named entity submits this statement for<br>the obligations of registered agent.   | the purpose of changing its re  | l<br>egistered office or registe   | ered agent, or both, in the State of Florida. I am familiar with, and acco   | ep1      |
| SIGNATURE   |   |                                    |  |          |
| Signature, typed or printed heres of registered agent at  | nd title if applicable. (NOTE: I  | Regretered Agent signature require | nd when rematating) DATE   |          |
| Filing Fee is \$61.25<br>Due by May 1, 2007   | 9. Election Camp<br>Trust Fund Co   |                                    | \$5.00 May 8e Make check payable to Added to Fees Florids Department of State  |          |
| 10. OFFICERS AND DIRE   | ECTORS  | 11.                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |          |
| ITIL - P.D. NAME KIRCHGESSNER, MARY   | ☐ Delets  | mu SD Ru                           | ITH Adelstein Down   | ition    |
| NAME KIRCHGESSNER, MARY STREET ADDRESS 338 OAKRIDGE ST  |   | MAME<br>STREET ADDRESS             | 328 oahredge s   | - 1      |
| CITY-ST-ZIP DEERFIELD BEACH, FL 33442   |   | CITY-SI-ZIP                        | 0-8 71 33442   |          |
| tinue . VD  | ☐ Delete  | TITLE () Q                         |  | ition    |
| NAME PLAN, AARON  |   |                                    | 7H ROTH □ Change \$\$\footnote{\psi}\$\footnote{\psi}\$  |          |
| STREET ADDRESS 332 OAKRIDGE ST<br>CITY-ST-ZP DEERFIELD BEACH, FL 33442  |   | STREET ADDRESS CATY-ST-ZIP         | D.B. H 37442   | i        |
| mu . T  | Marin.  |                                    |  | _        |
| NUE OLUGE, CHARLES S  | Delete  | me T Cha                           | ree Jaint-ong e  | JOH      |
| STREET ADDRESS 339 OAKRIDGE ST  |   | STREET ADDRESS                     | 339 oakredge S   |          |
| CITY-ST-ZIP DEERFIELD BEACH, FL 33442   |   | CATY-ST-ZIP                        | D. B. 74 33442   |          |
| TITLE D NAME ADELSTEIN, RUTH  | Delete  | MANE                               | ☐ Change ☐ Addi  | ition    |
| STREET ADDRESS 328 OAKRIDGE S   |   | STREET ADDRESS                     |  | i        |
| CITY-ST-ZP DEERFIELD BEACH, FL 33442  |   | CITY-ST-ZIP                        |  |          |
| TITLE , D   | ☐ Delete  | TITLE                              | ☐ Change ☐ Addi  | ition    |
| NAME ORENSTEIN, MICHAEL   |   | HAME                               |  | - 1      |
| STREET ADDRESS   APT 329 OAKRIDGE S<br>CITY-ST-ZP   DEERFIELD BEACH, FL   |   | STREET ADDRESS CITY-SI-ZIP         |  |          |
| TITLE 1Ó  | ☐ Deletæ  | THE                                | ☐ Change ☐ Addi  | itian    |
| NAME ORLOFF, RAY  |   | NAME                               | 2 . 2  |          |
| STREET ADDRESS 334 OAKRIDGE ST  |   | STREET ADDRESS                     | •  |          |
| CITY-ST-ZIP DEERFIELD BEACH, FL 33442   | this fixer state and the state of the state | CITY-ST-ZP                         | di Changa and Changa a |          |
| 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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 mane appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |                                    |  |          |
| SIGNATURE: Mary & Kirchesmer MARY E. KIRCHGESSNER (954)428-6583   |   |                                    |  |          |