NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 JUN -5 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736920

1. Entity Name

OAKRIDGE S CONDO. ASSOC. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE E., INC. ■ COOCVE ■	Suite, Apt. #, etc. / Suite, Apt. #, etc.
3501 West Drive	City & State / City & State
Deerfield Bch., FL 33442-2085	
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

04/18/03 90478001 $61.25

4. FEI Number: 59-1901626 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE E., INC. ■ COOCVE ■
3501 West Drive
Deerfield Bch., FL 33442-2085

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: Jack Miller Pres JACK MILLER 5/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/D
NAME	PEARL GREKIN
STREET ADDRESS	OAKRIDGE S 325
CITY-ST-ZIP	DEERFIELD BEACH FLA
TITLE	VICE PRESIDENT
NAME	EVA SHIANSKY
STREET ADDRESS	OAKRIDGE S 344
CITY-ST-ZIP	DEERFIELD BEACH FLA
TITLE	SECRETARY TREASURER
NAME	SYLVIA MENDELSON
STREET ADDRESS	OAKRIDGE S 331
CITY-ST-ZIP	DEERFIELD BEACH FLA
TITLE	DIRECTOR
NAME	AARON PIAN
STREET ADDRESS	OAKRIDGE S 332
CITY-ST-ZIP	DEERFIELD BEACH, FLA
TITLE	DIRECTOR
NAME	MARY KIRCHGESSNER
STREET ADDRESS	OAKRIDGE S 338
CITY-ST-ZIP	DEERFIELD BEACH, FLA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pearl Grekin President Mar 31/03 4276942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #