


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-08-2008 90101 001 15,496.25

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DOCUMENT # 736921			
1. Entity Name OAKRIDGE "R" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O CONDO OWNERS ORG OF CEN 3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085		Mailing Address C/O CONDO OWNERS ORG OF CEN 3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02122008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1900873		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 CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE DEERFIELD BCH, FL 33442-2085		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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	D BELLINGRERI, MARIE 320 OAKRIDGE R DEERFIELD BCH, FL 334428943 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALANA STERN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 309 Oakridge 'R' D.B.H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1PD MESHMAN, SHIRLEY <input checked="" type="checkbox"/> Delete 316 OAKRIDGE R DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARIE BELLINGRERI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 320 Oakridge 'R' D.B.H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLFSON, TERRY <input checked="" type="checkbox"/> Delete 310 OAKRIDGE R DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Bill DELLINGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 410 POWERLINE Rd. D.B.H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELLINGER, BILL <input checked="" type="checkbox"/> Delete 410 S POWERLINE RD DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRLEY MESHMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 316 Oakridge 'R' D.B.H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, SAMMY <input type="checkbox"/> Delete 323 OAKRIDGE R DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY ABRAMOVITZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 317 Oakridge 'R' D.B.H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2PD STERN, ALANA <input checked="" type="checkbox"/> Delete 309 OAKRIDGE R DEERFIELD BEACH, FL 33442	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 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 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: <u>Bill Dellinger</u> BILL DELLINGER 4/10/08 (954) 428-7013			