

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

04-27-2007 90235 001 15,496.25

DOCUMENT # 736923 1. Entity Name OAKRIDGE "P" CONDOMINIUM ASSOCIATION, INC.																													
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085 US			Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085 US																										
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	4. FEI Number 59-1928581																									
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 3501 WEST DRIVE DEERFIELD, FL 33442-2085			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>																													
Filing Fee is \$61.25 Due by May 1, 2007		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																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">OV</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MASSIMIANI, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>258 OAKRIDGE P</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH, FL 33442</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">TS</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DELLINGER, BILL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>410 S POWERLINE ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH, FL 33442</td> <td></td> </tr> </table> </div> </div>						TITLE	OV	<input checked="" type="checkbox"/> Delete	NAME	MASSIMIANI, JOHN		STREET ADDRESS	258 OAKRIDGE P		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		TITLE	TS	<input checked="" type="checkbox"/> Delete	NAME	DELLINGER, BILL		STREET ADDRESS	410 S POWERLINE ROAD		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	OV	<input checked="" type="checkbox"/> Delete																											
NAME	MASSIMIANI, JOHN																												
STREET ADDRESS	258 OAKRIDGE P																												
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442																												
TITLE	TS	<input checked="" type="checkbox"/> Delete																											
NAME	DELLINGER, BILL																												
STREET ADDRESS	410 S POWERLINE ROAD																												
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHWARTZ, FRANCES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>271 OAKRIDGE P</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH, FL 33442</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OTTO, MARVIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>260 OAKRIDGE P</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH, FL 33442</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	SCHWARTZ, FRANCES		STREET ADDRESS	271 OAKRIDGE P		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	OTTO, MARVIN		STREET ADDRESS	260 OAKRIDGE P		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	PD	<input checked="" type="checkbox"/> Delete																											
NAME	SCHWARTZ, FRANCES																												
STREET ADDRESS	271 OAKRIDGE P																												
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442																												
TITLE	D	<input checked="" type="checkbox"/> Delete																											
NAME	OTTO, MARVIN																												
STREET ADDRESS	260 OAKRIDGE P																												
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Edith Rosofsky</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>259 Oakridge P</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>D.B. H 33442</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Delete	NAME	Edith Rosofsky		STREET ADDRESS	259 Oakridge P		CITY-ST-ZIP	D.B. H 33442	
TITLE	D	<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	D	<input type="checkbox"/> Delete																											
NAME	Edith Rosofsky																												
STREET ADDRESS	259 Oakridge P																												
CITY-ST-ZIP	D.B. H 33442																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	D	<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JOHN MASSIMIANI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>258 Oakridge P</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>D.B. H 33442</td> <td></td> </tr> </table>						TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	JOHN MASSIMIANI		STREET ADDRESS	258 Oakridge P		CITY-ST-ZIP	D.B. H 33442													
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME	JOHN MASSIMIANI																												
STREET ADDRESS	258 Oakridge P																												
CITY-ST-ZIP	D.B. H 33442																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BENJAMIN LICHT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>273 Oakridge P</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>D.B. H 33442</td> <td></td> </tr> </table>						TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	BENJAMIN LICHT		STREET ADDRESS	273 Oakridge P		CITY-ST-ZIP	D.B. H 33442													
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME	BENJAMIN LICHT																												
STREET ADDRESS	273 Oakridge P																												
CITY-ST-ZIP	D.B. H 33442																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">TD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>URSEL MACY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>275 Oakridge P</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>D.B. H 33442</td> <td></td> </tr> </table>						TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	URSEL MACY		STREET ADDRESS	275 Oakridge P		CITY-ST-ZIP	D.B. H 33442													
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME	URSEL MACY																												
STREET ADDRESS	275 Oakridge P																												
CITY-ST-ZIP	D.B. H 33442																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">SD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GARY BERNAMOFF</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>278 Oakridge P</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>D.B. H 33442</td> <td></td> </tr> </table>						TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	GARY BERNAMOFF		STREET ADDRESS	278 Oakridge P		CITY-ST-ZIP	D.B. H 33442													
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME	GARY BERNAMOFF																												
STREET ADDRESS	278 Oakridge P																												
CITY-ST-ZIP	D.B. H 33442																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Edith Rosofsky</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>259 Oakridge P</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>D.B. H 33442</td> <td></td> </tr> </table>						TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Edith Rosofsky		STREET ADDRESS	259 Oakridge P		CITY-ST-ZIP	D.B. H 33442													
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME	Edith Rosofsky																												
STREET ADDRESS	259 Oakridge P																												
CITY-ST-ZIP	D.B. H 33442																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP														
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
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>JOHN MASSIMIANI</u> <u>4/15/07</u> <u>(954) 428-2320</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

66014264



03042007 Chg-NP CR2E037 (12/06)