


**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

**DOCUMENT # 736925**

1. Entity Name  
**OAKRIDGE "L" CONDOMINIUM ASSOCIATION, INC.**



66011685



Principal Place of Business  
**CONDO OWNERS ORG. OF CENTURY VILLAGE E**  
**3501 WEST DRIVE**  
**DEERFIELD BCH, FL 33442-2085**

Mailing Address  
**CONDO OWNERS ORG. OF CENTURY VILLAGE E**  
**3501 WEST DRIVE**  
**DEERFIELD BCH, FL 33442-2085**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02122008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-1906641**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CONDOMINIUM OWNERS ORG. CENT. VILLAGE E**  
**3501 WEST DRIVE**  
**DEERFIELD BEACH, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is **\$61.25** Due by **May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>D'AMBROSIO, JOSEPH</b> <b>OAKRIDGE L 184</b> <b>DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SHARON BUZELLI</b> <b>176 Oakridge L</b> <b>D.B. FL 33442</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>DELLINGER, BILL</b> <b>410 S POWERLINE ROAD</b> <b>DEERFIELD BEACH, FL 33442</b> <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	<b>VD</b> <b>BUZELLI, LISA</b> <b>176 OAKRIDGE L</b> <b>DEERFIELD BEACH, FL 33442</b> <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	<b>PD</b> <b>MARVIN, JAYE</b> <b>OAKRIDGE L 167</b> <b>DEERFIELD BEACH, FL 33442</b> <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
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 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: Marvin Jaye **MARVIN JAYE** 4/10/08 (954)428-8404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #