

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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AND  
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95 MAY -1 PM 6:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/04/95--01001--001  
DO NOT WRITE IN THESE SPACES \*130.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murpham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 736926 (7)  
1. Corporation Name  
OAKRIDGE "F" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
-610 STEIN  
-OAKRIDGE F 2069/CVE  
-DEERFIELD BCH FL 33442  
-610 STEIN  
-OAKRIDGE F 2069/CVE  
-DEERFIELD BCH FL 33442

3. Date Incorporated or Qualified 09/29/1976  
3a. Date of Last Report 05/01/1994  
4. FEI Number 59-1924300  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 96 KOCH 26 96 KOCH  
22 OAKRIDGE F 3073/CVE 27 OAKRIDGE F 3073/CVE  
23 DEERFIELD BCH, FL 28 DEERFIELD BCH, FL  
24 33442 25 BROWARD 29 33442 30 BROWARD

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under s. 199.033, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
CONDOMINIUM ORGANIZATION OF CENTURY VILLAG  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P O Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature of (past or present) officer or registered agent and title of agent after (past or present) Registered Agent Signature registered after (voiding) (date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, RAPHAEL	12 NAME	ROCH, CELIA
STREET ADDRESS	OAKRIDGE F 2069	13 STREET ADDRESS	OAKRIDGE F 3073
CITY ST ZIP	DEERFIELD BCH FL	14 CITY ST ZIP	DEERFIELD BCH, FL 33442
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANTZ, DAVID	22 NAME	STEINBERG, ESTELLE
STREET ADDRESS	OAKRIDGE F 2070	23 STREET ADDRESS	OAKRIDGE F 1066
CITY ST ZIP	DEERFIELD BCH, FL 00000	24 CITY ST ZIP	DEERFIELD BCH, FL 33442
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, MEYER	32 NAME	PHIL LEHRELD
STREET ADDRESS	OAKRIDGE F 3060	33 STREET ADDRESS	OAKRIDGE F 1070
CITY ST ZIP	DEERFIELD BCH, FL 00000	34 CITY ST ZIP	DEERFIELD BCH FL 33442
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLMAISTER, RUTH R	42 NAME	
STREET ADDRESS	OAKRIDGE F 2068	43 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BCH FL	44 CITY ST ZIP	
TITLE	PDD	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILSE, ISRAEL	52 NAME	ISRAEL, ILSE
STREET ADDRESS	OAKRIDGE F 3075	53 STREET ADDRESS	OAKRIDGE F 3075
CITY ST ZIP	DEERFIELD BCH FL	54 CITY ST ZIP	DEERFIELD BCH, FL 33442
TITLE	SD	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLSBURG, BEN	62 NAME	KARLSBURG, BEN
STREET ADDRESS	OAKRIDGE F 1070	63 STREET ADDRESS	OAKRIDGE F 1073
CITY ST ZIP	DEERFIELD BCH, FL 00000	64 CITY ST ZIP	DEERFIELD BCH, FL 33442

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth R. Kolmaister  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR  
1-16-95  
JPT 511  
305-428-2724