

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
**C/O KOCH
OAKRIDGE F 3073/CVE
DEERFIELD BCH FL 33442**

Mailing Address
**C/O KOCH
OAKRIDGE F 3073/CVE
DEERFIELD BCH FL 33442**

3. Date Incorporated or Qualified **09/29/1976** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1924300		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDOMINIUM ORGANIZATION OF CENTURY VILLAG
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOCH, CELIA	1.2 NAME	PHILLIP LEHRFELD
STREET ADDRESS	OAKRIDGE F 3073	1.3 STREET ADDRESS	OAKRIDGE F 1070
CITY-ST-ZIP	DEERFIELD BCH FL 33442	1.4 CITY-ST-ZIP	DEERFIELD BCH FL 33442
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINBERG, ESTELLE	2.2 NAME	STEIN, NETTIE
STREET ADDRESS	OAKRIDGE F 1036	2.3 STREET ADDRESS	OAKRIDGE F 2069
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	DEERFIELD BCH FL 33442
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, MEYER	3.2 NAME	
STREET ADDRESS	OAKRIDGE F 3060	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLMAISTER, RUTH R	4.2 NAME	
STREET ADDRESS	OAKRIDGE F 2068	4.3 STREET ADDRESS	500001797605
CITY-ST-ZIP	DEERFIELD BCH FL	4.4 CITY-ST-ZIP	-04/29/96--01024--001
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILSE, ISRAEL	5.2 NAME	***15128.75
STREET ADDRESS	OAKRIDGE F 3075	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLSBURG, BEN	6.2 NAME	
STREET ADDRESS	OAKRIDGE F 1073	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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* 1-22-96 428-2724
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RUTH R. KOLMAISTER - Pres

CR2E037 (12/95)