NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 736926

OAKRIDGE "F" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

21 40 CELIA

Suite, Apt. #, etc.

Mailing Address

C/O KOCH OAKRIDGE F 3073/CVE

DEERFIELD BCH FL 33442

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

2a. Mailing Address

26 OAKRIDGE

Suite, Apt. #, etc.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90163 001 14,638.75

3300 IU - 90163 - 139 "

3. Date Incorporated or Qualifed

09/29/1976

FEI Number

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Applied For

City A State 23 DEER FIELD BCH, FL 28 DEER FIELD BCH, FL 33442 DEER FI		10/3 6 40/4 E			59-1924300	Not Applicable
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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 10. Name			3CH,	FL	5. Certifcate of Status Desired	7 • • • • • •
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9. Name and Address of Current Registered Agent CONDOMINIUM ORGANIZATION OF CENTURY VILLAG 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Provide Statutes. SIGNATURE Signature, typed owns of special special statutes. SIGNATURE Signature, typed owns of special special special statutes. SIGNATURE Signature, typed owns of special special special statutes. SIGNATURE Signature, typed owns of registered agent and registered agent to am familiar with, and accept the obligations of, Section 617.0503, Provide Statutes. SIGNATURE Signature, typed owns of registered agent and registered agent to am familiar with and accept the obligations of, Section 617.0503, Provide Statutes. SIGNATURE Signature, typed owns of registered agent and registered agent agent to the purpose of changing its registered agent to the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Provide Statutes. SIGNATURE Signature, typed owns of registered agent and registered agent agent to the purpose of changing its registered agent to the purpose of changing its registered agent to the purpose of changing its registered agent. I am familiar with and accept the obligations of, Section 617.0503, Provide Statutes. SIGNATURE Signature, typed owns of registered agent and registered agent to the above-named corporation's board of directors. I hereby accept the appointment as registered agent to the purpose of changing its registered agent to the above-named corporation's board of directors. I hereby accept the appointment as registered agent to the above named corporation's board of directors. I hereby accept the appointment as registered agent to the purpose of changing its registered agent to the purpose of		· — • — — • (1):	ÛS	A	· · · · · · · · · · · · · · · · · · ·	
CONDOMINUM ORGANIZATION OF CENTURY VILLAG 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 817.0502 and 817.1508. Florids Statutes. The above-and 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, Florids Statutes. SIGNATURE SIGNATURE PD SIGNATURE PD SIGNATURE PD SIGNATURE PD SIGNATURE PD SIGNATURE SIGNATURE PD SIGNATURE SIGNATURE PD SIGNATURE SIGNATURE SIGNATURE PD SIGNATURE SIGNATURE SIGNATURE PD SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD SIGNATURE SIGNAT	24 00 7 7				10. Name and Address of New Registered	Agent
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CITY-ST-ZIP DEERFIELD BEACH FL 33442 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP				Seeller 440 07/23/6\ Elorida Statutas further one	tify that the information

40 ATKINS

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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 ar 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, with all other like empowered.

BEQUIREATHR KOLMAISTER 1-27-99