

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

DOCUMENT # 736926
 1. Entity Name
OAKRIDGE "F" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business CELIA ATKINS OAKRIDGE F 4064 DEERFIELD BCH FL 33442	Mailing Address CELIA ATKINS OAKRIDGE F 4064 DEERFIELD BCH FL 33442-1964
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-1924300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CONDOMINIUM ORGANIZATION OF CENTURY VILLAG
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.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ATKINS, CELIA	
STREET ADDRESS	OAKRIDGE F 4064	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUBOW, STANFORD	
STREET ADDRESS	OAKRIDGE F 2074	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, MEYER	
STREET ADDRESS	OAKRIDGE F 3060	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOLMAISTER, RUTH R	
STREET ADDRESS	OAKRIDGE F 2068	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ILSE, ISRAEL	
STREET ADDRESS	OAKRIDGE F 3075	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEHRFELD, PHILIP	
STREET ADDRESS	OAKRIDGE F 1072	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS JORESS, HARVEY	
STREET ADDRESS	OAKRIDGE F 1062	
CITY-ST-ZIP	DEERFIELD BCH, FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MODECK, MARTIN	
STREET ADDRESS	OAKRIDGE F 1060	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRINCE, TED	
STREET ADDRESS	OAKRIDGE F 3074	
CITY-ST-ZIP	DEERFIELD BCH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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 exemption stated in Section 119.07(3)(i), 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: *RUTH R. KOLMAISTER* **RUTH R. KOLMAISTER** 1-10-2000 (954) 428-2724
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oaytime Phone #

CR2E037 (9/99)