

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

04-14-2001 90045 001 15,067.50

DOCUMENT # 736926

1. Entity Name

OAKRIDGE "F" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~CELIA ATKINS~~
~~OAKRIDGE F 4064~~
~~DEERFIELD BCH FL 33442~~

~~CELIA ATKINS~~
~~OAKRIDGE F 4064~~
~~DEERFIELD BCH FL 33442~~

2. Principal Place of Business

3. Mailing Address

HARVEY S. JORESS

HARVEY S. JORESS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OAKRIDGE F 1062

OAKRIDGE F 1062

City & State

City & State

DEERFIELD BCH FL

DEERFIELD BCH FL

Zip

Country

Zip

Country

33442

USA

33442

USA

4. FEI Number **59-1924300**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

Signature, typed or printed name of registered agent and fee if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ATKINS, CELIA	
STREET ADDRESS	OAKRIDGE F 4064	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	V	<input checked="" 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	HARVEY, JORESS	
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 checked="" type="checkbox"/> Delete
NAME	ILSE, ISRAEL	
STREET ADDRESS	OAKRIDGE F 3075	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRINCE, TED	
STREET ADDRESS	OAKRIDGE F 1072	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY S. JORESS	
STREET ADDRESS	OAKRIDGE F 1062	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES R KIMBLE	
STREET ADDRESS	OAKRIDGE F 2061	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NETTIE STEIN	
STREET ADDRESS	OAKRIDGE F 2069	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELIA ATKINS	
STREET ADDRESS	OAKRIDGE F 4064	
CITY-ST-ZIP	DEERFIELD BCH, FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN M ODECK	
STREET ADDRESS	1060 OAKRIDGE F	
CITY-ST-ZIP	DEERFIELD BCH, FL 33442	

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

1-29-01

(954) 428-2724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)