

2002 UNIFORM BUSINESS REPORT (UBR)

0036209

DOCUMENT # 736926

1. Entity Name

OAKRIDGE "F" CONDOMINIUM ASSOCIATION, INC. ✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 AM 11:52

Principal Place of Business	Mailing Address
HARVEY S JORESS OAKRIDGE F 1062 DEERFIELD BCH FL 33442	HARVEY S JORESS OAKRIDGE F 1062 DEERFIELD BCH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-1924300	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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	JORESS, HARVEY S	
STREET ADDRESS	OAKRIDGE F 1062	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KIMBLE, CHARLES R	
STREET ADDRESS	OAKRIDGE F 2061	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STEIN, NETTIE	
STREET ADDRESS	OAKRIDGE F 2069	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ATKINS, CELIA	
STREET ADDRESS	OAKRIDGE F 4064	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	MODECK, MARTIN	
STREET ADDRESS	1060 OAKRIDGE F	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRINCE, TED	
STREET ADDRESS	OAKRIDGE F 1072	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE THEODORE	
STREET ADDRESS	OAKRIDGE F 3072	
CITY-ST-ZIP	DEERFIELD BCH, FL 33442	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, SHIRLEY	
STREET ADDRESS	OAKRIDGE F 1069	
CITY-ST-ZIP	DEERFIELD BCH, FL 33442	
TITLE	TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLMAISTER, RUTH R	
STREET ADDRESS	OAKRIDGE F 2068	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADLER, SANDRA	
STREET ADDRESS	OAKRIDGE F 4068	
CITY-ST-ZIP	DEERFIELD BCH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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By 4/11

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 DATE: 4-11-02 DAYTIME PHONE #: (954) 428-2724

CR2E037 (9/01)