2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State
05-05-2005 90139 001 15,373.75

DOCUMENT # 737624

1. Entity Name
OAKRIDGE "E" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O COOCVE 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-1074	C/O COOCVE 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-1074

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03192005 Chg-NP CR2E037 (10/03)

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 59-1895230 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SLOVES, STUART
47 MARKHAM B
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name: Condo. Owners Org. of Century Village EAST, INC. (COOCVE)
Street Address (P.O. Box Number is Not Acceptable): 3501 West Drive
City: Deerfield Beach FL Zip Code: 33442

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: IRA GROSSMAN- President (COOCVE) DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLOTZ, ADEL OAKRIDGE E 45 DEERFIELD BEACH, FL	☒ Delete	TITLE VD NAME Adele KLOTZ STREET ADDRESS 45 OAKRIDGE E CITY-ST-ZIP D.B. FL 33442	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FICALORA, MEL 43 OAKRIDGE E DEERFIELD BEACH, FL 33442	☐ Delete	TITLE D NAME MARIE ALEO STREET ADDRESS ~~OAK~~ 41 OAKRIDGE E CITY-ST-ZIP D.B. FL 33442	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SNIPES, YVONNE OAKRIDGE E 47 DEERFIELD BEACH, FL	☐ Delete	TITLE D NAME Simpson GRIFFIN STREET ADDRESS 62 OAKRIDGE E CITY-ST-ZIP D.B FL 33442	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRICK, JERRY 44 OAKRIDGE E DEERFIELD BEACH, FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MILANO, JOHN 60 OAKRIDGE E DEERFIELD BEACH, FL 33442	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, JOHN 54 OAKRIDGE E DEERFIELD BEACH, FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

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: Adele Klotz ADELE KLOTZ 4/4/05 (954) 421-6897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #