

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 # 738614
 1. Entity Name
OAKRIDGE "A" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 C/O COOCVE
 3501 WEST DRIVE
 DEERFIELD BCH, FL 33442-2085

Mailing Address
 C/O COOCVE
 3501 WEST DRIVE
 DEERFIELD BCH, FL 33442-2085

66018981



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03192005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-1950768

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CONDOMINIUM OWNERS ORGANIZ. OF CENT. VILL.
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. I am familiar with, and accept the obligations of registered agent.

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

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	
TITLE NAME D BERNSTEIN, ZACK STREET ADDRESS 4013 OAKRIDGE A CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME DV STEIN, BILL STREET ADDRESS OAKRIDGE A 1010 CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME PD MCINROY, ANDREW STREET ADDRESS 3007 OAKRIDGE A CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME D LEVITT, LEWIS STREET ADDRESS 3015 OAKRIDGE A CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME D KOMMIT, PHIL STREET ADDRESS OAKRIDGE A 1018 CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME D MORACHE, GERALD STREET ADDRESS 3017 OAKRIDGE A CITY-ST-ZIP DEERFIELD BEACH, FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME T Robert Schanker STREET ADDRESS 3005 Oakridge A CITY-ST-ZIP Deerfield beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME S Chayl KRAFT STREET ADDRESS 1016 Oakridge A CITY-ST-ZIP D.B. FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D MURRAY Katz STREET ADDRESS 3006 Oakridge A CITY-ST-ZIP D.B. FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Bill Stein **BILL STEIN** 4/14/05 (954) 421-0582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #