2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State
04-27-2007 90235 001 15,496.25

DOCUMENT # 738635

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

66014252

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

03042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1894957 ☐ 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
CONDO OWNERS ORG. OF CENT. VLG E., INC. 3501 WEST DRIVE DEERFIELD BEACH, FL 33442	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	DP BLOOM, NORMAN 4027 OAKRIDGE D DEERFIELD BCH, FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALAN MILLER 2026 Oakridge 'D' D.B FL 33442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PICKER, DORIS OAKRIDGE D 1024 DEERFIELD BCH., FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Leonard Newman 1036 Oakridge 'D' D.B FL 33442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROSEN, AL 4032 OAKRIDGE D DEERFIELD BEACH, FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charlotte Herlich 1025 Oakridge 'D' D.B FL 33442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARSHOW, RUTH 4025 OAKRIDGE D DEERFIELD BCH., FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert WINSTON 4022 Oakridge 'D' D.B FL 33442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PICKER, DORIS OAKRIDGE D 1024 DEERFIELD BCH., FL 33442	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RING, HILDA 3021 OAKRIDGE D 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 exemptions contained in Chapter 119, 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: Norman L. Bloom NORMAN BLOOM 4/15/07 (954) 426-8082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #