

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 736926

Entity Name: OAKRIDGE "F" CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 10, 2024
Secretary of State
8227562286CC

Current Principal Place of Business:

OAKRIDGE F CONDOMINIUM ASSOCIATION
1079 SHOTGUN RD
SUNRISE, FL 33326

Current Mailing Address:

OAKRIDGE F CONDOMINIUM ASSOCIATION
1079 SHOTGUN RD
SUNRISE, FL 33326 US

FEI Number: 59-1924300

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILBERG KLEIN, P.L.
5550 GLADES ROAD
SUITE 500
BOCA RATON, FL 33431 US

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: PAUL MILBERG/MILBERG KLEIN

06/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name WAHLERS, ROBERT
Address OAKRIDGE F CONDOMINIUM ASSOCIATION
1079 SHOTGUN RD
City-State-Zip: SUNRISE FL 33326

Title TREASURER, DIRECTOR
Name SILVERSTONE, HOWARD
Address OAKRIDGE F CONDOMINIUM ASSOCIATION
1079 SHOTGUN RD
City-State-Zip: SUNRISE FL 33326

Title PRESIDENT, DIRECTOR
Name BACHELOR, MAXINE
Address OAKRIDGE F CONDOMINIUM ASSOCIATION
1079 SHOTGUN RD
City-State-Zip: SUNRISE FL 33326

Title DIRECTOR
Name PICKAR, RITA
Address OAKRIDGE F CONDOMINIUM ASSOCIATION
1079 SHOTGUN RD
City-State-Zip: SUNRISE FL 33326

Title DIRECTOR
Name WEINER, RICHARD
Address OAKRIDGE F CONDOMINIUM ASSOCIATION
1079 SHOTGUN RD
City-State-Zip: SUNRISE FL 33326

Title SECRETARY, DIRECTOR
Name WEITZENKORN, SUSAN
Address OAKRIDGE F CONDOMINIUM ASSOCIATION
1079 SHOTGUN RD
City-State-Zip: SUNRISE FL 33326

Title DIRECTOR
Name BLOOM, IRA
Address OAKRIDGE F CONDOMINIUM ASSOCIATION
1079 SHOTGUN RD
City-State-Zip: SUNRISE FL 33326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAXINE BACHELOR

PRESIDENT

06/10/2024

