

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725539** (1)
1. Corporation Name
ORIOLE GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **7400 N.W. 5TH COURT MARGATE FL 33063**
Mailing Address: **7400 N.W. 5TH COURT MARGATE FL 33063**

3. Date Incorporated or Qualified: **02/12/1973**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc	Suite, Apt. #, etc.		59-1577274	Not Applicable
22	22	27	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23	28	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24	29	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip	Country	Zip		
	25	25	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARKS, BEA 7305 N.W. 5TH PLACE MARGATE FL 33063				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RUBIN, LEON L.		1.2 NAME				
STREET ADDRESS	7205 NW 5TH PLACE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MARGATE, FL 00000		1.4 CITY-ST-ZIP				33063
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	SHRAGE, NATALIE		2.2 NAME				
STREET ADDRESS	7200 NW 5TH PLACE		2.3 STREET ADDRESS				
CITY-ST-ZIP	MARGATE, FL 00000		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LICHTENSTEIN, MORRIS		3.2 NAME				
STREET ADDRESS	7605 N.W. 4TH PLACE		3.3 STREET ADDRESS				
CITY-ST-ZIP	MARGATE, FL 00000		3.4 CITY-ST-ZIP				33063
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MUTCHNICK, LOUIS		4.2 NAME				
STREET ADDRESS	7300 N W 5TH COURT		4.3 STREET ADDRESS				
CITY-ST-ZIP	MARGATE, FL 00000		4.4 CITY-ST-ZIP				33063
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GORSKY, ROSE E.		5.2 NAME				
STREET ADDRESS	7400 N.W. 5TH COURT		5.3 STREET ADDRESS				
CITY-ST-ZIP	MARGATE, FL 00000		5.4 CITY-ST-ZIP				33063
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MORRISON, LOUIS		6.2 NAME				
STREET ADDRESS	7505 W. ATLANTIC BLVD.		6.3 STREET ADDRESS				
CITY-ST-ZIP	MARGATE FL		6.4 CITY-ST-ZIP				33063

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leon L Rubin* 1/17/96 (305)971-7412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)