

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

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	FL	85

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	S	
STREET ADDRESS	7200 NW 5TH PLACE		2.3 STREET ADDRESS	BEA MARKS	
CITY-ST-ZIP	MARGATE, FL 00000		2.4 CITY-ST-ZIP	7305 N. W. 5th Place Margate, FL 33063	
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)