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**May 09 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
7400 N.W. 5TH COURT MARGATE FL 33063 **7400 N.W. 5TH COURT MARGATE FL 33063-7442**

3. Date Incorporated or Qualified **02/12/1973** 3a. Date of Last Report **02/14/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **59-1577274** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MARKS, BEA
7305 N.W. 5TH PLACE
MARGATE FL 33063**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 office 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUBIN, LEON L.	
STREET ADDRESS	7205 NW 5TH PLACE	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARKS, BEA	
STREET ADDRESS	7305 NW 5TH PLACE	
CITY-ST-ZIP	MARGATE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LICHTENSTEIN, MORRIS	
STREET ADDRESS	7605 N.W. 4TH PLACE	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MUTCHNICK, LOUIS	
STREET ADDRESS	7300 N W 5TH COURT	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GORSKY, ROSE E.	
STREET ADDRESS	7400 N.W. 5TH COURT	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORRISON, LOUIS	
STREET ADDRESS	7605 W. ATLANTIC BLVD.	
CITY-ST-ZIP	MARGATE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Louis Goldstein
6.3 STREET ADDRESS	7400 N W 4 PL.
6.4 CITY-ST-ZIP	Margate, FL 33063

14. I do 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 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* **LEON L. RUBIN** PRESIDENT (954) 971-7412

CR2E037 (9/96)