


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90133 041 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725539**  
 1. Corporation Name  
**ORIOLE GARDENS CONDOMINIUM ASSOCIATION, INC.**

373178-90050-50

Principal Place of Business 7400 N.W. 5TH COURT MARGATE FL 33063	Mailing Address 7400 N.W. 5TH COURT MARGATE FL 33063
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/12/1973 4. FEI Number 59-1577274 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 Harold Shiffman 82 Street Address (P.O. Box Number is Not Acceptable) 7600 N. W. 4th Place 83 City & State Margate, FL 33063 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0602 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: *Harold Shiffman* Harold Shiffman DATE: 4/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME RUBIN, LEON L. STREET ADDRESS 7205 NW 5TH PLACE CITY-ST-ZIP MARGATE, FL 00000	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME Morris Lichtenstein 1.3 STREET ADDRESS 7605 N. W. 4th Place 1.4 CITY-ST-ZIP Margate, FL 33063	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME MARKS, BEA STREET ADDRESS 7305 NW 5TH PLACE CITY-ST-ZIP MARGATE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S 2.2 NAME Harold Shiffman 2.3 STREET ADDRESS 7600 N. W. 4th Place 2.4 CITY-ST-ZIP Margate, FL 33063	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME LICHTENSTEIN, MORRIS STREET ADDRESS 7605 N.W. 4TH PLACE CITY-ST-ZIP MARGATE, FL 00000	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T 3.2 NAME Lewis Goldstein 3.3 STREET ADDRESS 7400 N. W. 4th Place 3.4 CITY-ST-ZIP Margate, FL 33063	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME MEISELMAN, MAX STREET ADDRESS 7400 N.W. 5TH COURT CITY-ST-ZIP MARGATE, FL 00000 33063	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME Morris Plevner 4.3 STREET ADDRESS 7605 W. Atlantic Blvd., 4.4 CITY-ST-ZIP Margate, FL 33063	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME GORSKY, ROSE E. STREET ADDRESS 7400 N.W. 5TH COURT CITY-ST-ZIP MARGATE, FL 00000	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T 5.2 NAME Herman Polish 5.3 STREET ADDRESS 7200 N. W. 5th Place 5.4 CITY-ST-ZIP Margate, FL 33063	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME GOLDSTEIN, LEWIS STREET ADDRESS 7400 NW 4TH PL CITY-ST-ZIP MARGATE FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME Samuel Rosenberg 6.3 STREET ADDRESS 7605 N.W. 5th Place 6.4 CITY-ST-ZIP Margate, FL 33063	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *Harold Shiffman* **SIGNATURE REQUIRED** PRESIDENT (954)971-7412

CR2E037 (1/98)