


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**


<b>DOCUMENT # 725539</b>			
1. Entity Name <b>ORIOLE GARDENS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>7400 N.W. 5TH COURT MARGATE FL 33063</b>		Mailing Address <b>7400 N.W. 5TH COURT MARGATE FL 33063</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>59-1577274</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>ROSEN, ABE 7505 NW 5TH PL BLDG 34 APT 203 MARGATE FL 33063</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	<b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE:  DATE: **2/20/07**

(NOTE: Registered Agent signature required when registering)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD DUNLEAVY, ARLENE 7600 N.W. 4TH PLACE MARGATE FL 33063	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	000000650074
CITY-STATE-ZIP		CITY-STATE-ZIP	03/07/07-80076-022 61.25
TITLE	VPD GOLDSTEIN, LEW 7400 NW 4TH PLACE MARGATE FL 33063	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	TPD ROSEN, ABE 7506 NW 5TH PLACE MARGATE FL 33063	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	VPD CAPARROS, JOE 7205 W. ATLANTIC BLVD MARGATE FL 33063	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	SD LEVINE, SYLVIA 7200 N.W. 5TH PLACE MARGATE FL 33063	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	TD DAVIS, MURRAY 7355 N.W. 5TH CT MARGATE FL 33063	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Pres. DATE: **2/20/07** DOCUMENT # **954-971-7412**