


06-09-2003 90108 042 \*\*\*\*61.25

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**NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 725539 ✓  
 1. Entity Name  
 ORIOLE GARDENS CONDO. ASSOC., INC.



**DO NOT WRITE IN THIS SPACE**

55050401

2. Principal Place of Business  
 7400 NW 5<sup>th</sup> COURT  
 Suite, Apt. #, etc.

3. Mailing Address  
 7400 NW 5<sup>th</sup> COURT  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 MARGATE FL

City & State  
 MARGATE FL

Zip  
 33063

Country  
 USA

Zip  
 33063

Country  
 USA

4. FEI Number  
 59-1577274

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 JOHN DUNLEAVY

Street Address (P.O. Box Number is Not Acceptable)  
 7600 NW 4<sup>th</sup> PLACE # 202

City  
 MARGATE FL

Zip Code  
 33063

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: *John Dunleavy Pres.* DATE: 6-2-03

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$81.25  
 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TP	
NAME	JOHN DUNLEAVY	D
STREET ADDRESS	7600 NW 4 <sup>th</sup> PLACE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP	
NAME	LEW GOLDSTEIN	D
STREET ADDRESS	7400 NW 4 <sup>th</sup> PLACE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP	
NAME	ADE ROSEN	D
STREET ADDRESS	7506 NW 5 <sup>th</sup> PLACE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP	
NAME	MURRAY DAVIS	D
STREET ADDRESS	7355 NW 5 <sup>th</sup> COURT	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SEC	
NAME	AARLENE DUNLEAVY	D
STREET ADDRESS	7600 NW 4 <sup>th</sup> PLACE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TREAS	
NAME	ROSE CAISCOULA	D
STREET ADDRESS	7205 W. ATLANTIC BLVD	
CITY-ST-ZIP	MARGATE FL 33063	

**DO NOT WRITE IN THIS SPACE**

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John Dunleavy Pres.* DATE: 6-2-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)