

# 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 # **728792** (3)

1. Corporation Name

**ORIOLE VILLAGES CENTER, INC.**



Principal Place of Business

Mailing Address

% SUNSET MANAGEMENT  
1100 S. STATE ROAD 7, SUITE 100  
MARGATE FL 33068

% SUNSET MANAGEMENT  
1100 S. STATE ROAD 7, SUITE 100  
MARGATE FL 33068

3. Date Incorporated or Qualified **02/11/1974** 3a. Date of Last Report **03/27/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	<b>441 S St Rd 7</b>	<b>59-1890491</b>	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>441 S St Rd 7 #4</b>	<b>#4</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. City & State	28. City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>MARGATE FL</b>	<b>MARGATE FL</b>		
24. Zip	25. Country	29. Zip	30. Country
<b>33068</b>	<b>BRWD</b>	<b>33068</b>	<b>BRWD</b>

9. Name and Address of Current Registered Agent

SUNVEST MANAGEMENT SERVICE CORP.  
1100 S. STATE ROAD 7  
SUITE 100  
MARGATE FL 33068

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
	<b>FL 33068</b>
82. Street Address (P.O. Box Number is Not Acceptable)	
<b>441 S St Rd 7</b>	
83. #	
<b>#4</b>	
84. City	
<b>MARGATE</b>	

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, TED	1.2 NAME	
STREET ADDRESS	7267 HUNTINGTON LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33446	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEE, BERNARD	2.2 NAME	<b>SAME</b>
STREET ADDRESS	7340 AMBERLY LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33446	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, JOSEPH	3.2 NAME	<b>BERNARD BERGER</b>
STREET ADDRESS	6600 S. ORIOLE BLVD.	3.3 STREET ADDRESS	<b>14823 CUMBERLAND DRIVE</b>
CITY - ST - ZIP	DELRAY BEACH FL 33446	3.4 CITY - ST - ZIP	<b>DELRAY BEACH FL 33446</b>
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREESE, HERB	4.2 NAME	<b>JERRY DANIELS</b>
STREET ADDRESS	6795 HUNTINGTON LANE	4.3 STREET ADDRESS	<b>6585 KENSINGTON LANE</b>
CITY - ST - ZIP	DELRAY BEACH FL 33446	4.4 CITY - ST - ZIP	<b>DELRAY BEACH, FL 33446</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

*Theodore Ellis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**THEODORE ELLIS PRESIDENT**

1-26-96

Date

Daytime Phone #

CR2E037 (12/95)