

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.  
441 S St Rd 7 #4

Suite, Apt. #, etc.  
#4

City & State  
MARGATE FL

City & State  
MARGATE FL

Zip  
33068

Country  
BRWD

24

29

25

30

4. FEI Number

59-1890491

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

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

441 S St Rd 7

83 #4

84 City

MARGATE

FL

85 Zip Code

33068

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ELLIS, TED  
STREET ADDRESS 7267 HUNTINGTON LANE  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE VD  
NAME BEE, BERNARD  
STREET ADDRESS 7340 AMBERLY LANE  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE SD  
NAME MARKS, JOSEPH  
STREET ADDRESS 6600 S. ORIOLE BLVD.  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE TD  
NAME FREESE, HERB  
STREET ADDRESS 6795 HUNTINGTON LANE  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)