

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728792

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** ORIOLE VILLAGES CENTER, INC.

**Current Principal Place of Business:**

% CAMS  
1037 STATE ROAD 7 SUITE 302  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

% CAMS  
1037 STATE ROAD 7 SUITE 302  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 59-1890491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMS  
1037 STATE ROAD 7  
SUITE 302  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: HYMAN, MARTIN  
Address: 14872 WILD FLOWER LANE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: P  
Name: ROSEN, SOLOMON  
Address: 7310 ASHFORD PLACE #102  
City-St-Zip: DELRAY BEACH, FL 33446

Title: T  
Name: HOWARD, BARRY  
Address: 14671 BONAIRE BLVD #208  
City-St-Zip: DELRAY BEACH, FL 33446

Title: S  
Name: JUDAS, NEAL  
Address: 7076 HUNTINGTON LANE #707  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARRY HOWARD

T

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date