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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

730850

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## ORIOLE GARDENS CONDOMINIUM THREE ASSOCIATION, IN

Principal Place of Business Mailing Address 7400 N.W. 1ST STREET 7400 N.W. 1ST STREET MARGATE FL 33063 MARGATE FL 33063 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1974 01/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1579420 21 26 Not Applicable Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Zιο Country B. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BROSS, ARTHUR J. LPM 62 Street Address (P.O. Box Number is Not Acceptable) 7400NW 1ST STREET 63 MARGATE FL 33063 City Zip Code 85 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 if applicable (NOTE: Registered Agent signature required when reinstating DATE OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIFLE PD DELETE 11 TITLE Change Addition Addition PINCUS, MAX NAME 1.2 NAME 7500 N.W. 1ST STREET STREET ADORESS 1.3 STREET ADDRESS MARGATE FL CITY - ST - ZIP 14 CITY - ST - ZIP Addition DELETE Change TITLE VPD 21 TITLE LIVENT, JACK NAME 2.2 NAME 371 NW 76 AVENUE STREET ADDRESS 23 STREET ADDRESS MARGATE FL CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE Addition Change TITLE VPD 3.1 TITLE LEVINE, NAT NAME 3.2 NAME STREET ADDRESS 7490 NW 1ST STREET 3.3 STREET ADDRESS MARGATE FL CITY - ST - ZIF 3 4. CITY - ST - Z)P DELETE TIFLE **VPD** 4 1 TITLE Change Addition Addition NAME TENDLER, AL 4 2 NAME STREET ADDRESS 201 NE 76TH AVENUE 43 STREET ADDRESS MARGATE FL CITY - ST - 7IP 4 4 CITY - S1 - ZIP ["DELFTE TITLE 51 DILE Change Addition ZARCHAN, SYD NAME 5.2 NAME 101 NW 76TH AVENUE STREET ADORESS **53 STREET ADDRESS** MARGATE FL CITY - ST - ZIP 54 CITY - ST - ZIP DELETE Change TITLE Addition 61 THLE PINCUS, MAX NAME 6.2 NAME STREET ADDRESS 7500 N.W. 1ST STREET 6.3 STREET ADDRESS MARGATE FL CITY - ST - ZIP 64 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 supplamental 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on en attachment with an address.

PRESIDENT

1-17-96

971-2590

Daytime Phone #

(1) (0.0)

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