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**FILED**  
**Jan 20, 1999 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-20-1999 90018 019 \*\*\*\*\*61.25

DOCUMENT # 730850

1. Corporation Name

ORIOLE GARDENS CONDOMINIUM THREE ASSOCIATION, INC.

Principal Place of Business

7400 N.W. 1ST STREET  
 MARGATE FL 33063

Mailing Address

7400 N.W. 1ST STREET  
 MARGATE FL 33063



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

09/30/1974

4. FEI Number

59-1579420

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

9. Name and Address of Current Registered Agent

CUNNINGHAM, GARY  
 7400 N W 1ST STREET  
 MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE

NAME PINCUS, MAX  
 STREET ADDRESS 7500 N.W. 1ST STREET  
 CITY-ST-ZIP MARGATE FL

TITLE VPD  DELETE

NAME LIVENT, JACK  
 STREET ADDRESS 371 NW 76 AVENUE  
 CITY-ST-ZIP MARGATE FL

TITLE VPD  DELETE

NAME LEVINE, NAT  
 STREET ADDRESS 7490 NW 1ST STREET  
 CITY-ST-ZIP MARGATE FL

TITLE VPD  DELETE

NAME TENDLER, AL  
 STREET ADDRESS 201 NE 76TH AVENUE  
 CITY-ST-ZIP MARGATE FL

TITLE T  DELETE

NAME ANDREWS, PEARL  
 STREET ADDRESS 7360 N W 1ST STREET  
 CITY-ST-ZIP MARGATE FL 33063

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-971-2590

CR2E037 (1/98)