

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 # 734095 (3)

1. Corporation Name

THE TOWNHOMES OF ORIOLE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1401 NW 80 AVE
MARGATE FL 33063
US

C/O TOWNHOMES & ORIOLE
1401 N.W. 80TH AVENUE
MARGATE FL 33063
US

3. Date Incorporated or Qualified 10/17/1975	3a. Date of Last Report 08/08/1995
4. FEI Number 59-1724549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

PRIME MANAGEMENT GROUP
1051 S. ROGERS CIRCLE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name <i>Consolidated Community Mt</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>7686 Wiles Road</i>
83 <i>Coral Springs Fl.</i>
84 City
85 Zip Code FL 33067

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

James R. Miles **2/20/90**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FRANTZIS, DAVID	
STREET ADDRESS	1535 NW 80TH AVENUE	
CITY-ST-ZIP	MARGATE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VAVRICK, CHERYL	
STREET ADDRESS	1805 NW 80TH AVENUE	
CITY-ST-ZIP	MARGATE FL	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	BARFIELD, DONNA	
STREET ADDRESS	8081 NW 11 STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOTSEN, BONNIE	
STREET ADDRESS	8081 NW 11 STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOHAN, INGRED	
STREET ADDRESS	1505 NW 80TH AVENUE	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S Harry Tucker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/T Irving Silver	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	8081 NW 11 Street	
2.4 CITY-ST-ZIP	MARGATE FL. 33063	
3.1 TITLE	D Ingrid Mohan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D Bonnie Cox	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

James R. Miles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

Date

977.8670

Daytime Phone #

CR2E037 (12/95)