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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 1401 NW 80 AVE, MARGATE FL 33063, US
Mailing Address: C/O TOWNHOMES & ORIOLE, 1401 N.W. 80TH AVENUE, MARGATE FL 33063-2919, US

3. Date Incorporated or Qualified: 10/17/1975
3a. Date of Last Report: 02/21/1996
4. FEI Number: 59-1724549
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
CONSOLIDATED COMMUNITY MGT
7688 WILES ROAD
CORAL SPRINGS FL 33007

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include PS TUCKER, HARRY; VT SILVERBERG, IRVING; D MOHEN, INGRID; D COX, BONNIE; D MOHAN, INGRED.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include DUPLS, D; P, T, D; D; D.

14. I do 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.

SIGNATURE: _____ 3/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025426

CR2E037 (9/96)