

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90220 048 ****61.25

DOCUMENT # 734095

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1724549

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CONSOLIDATED COMMUNITY MGT
7686 WILES ROAD
CORAL SPRINGS FL 33007

7. Name and Address of New Registered Agent

Name: **Cheryl J. Levin, P.A.**
 Street Address (P.O. Box Number is Not Acceptable): **10236 NW 47th St.**
SUNRISE,
 City: **FL** Zip Code: **33351**

8. 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: *Cheryl J. Levin, P.A.* President, Cheryl J. Levin, P.A. DATE: 1/13/2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, LISA	
STREET ADDRESS	1759 NW 80 AVE 3E	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	SILVERBERG, IRVING	
STREET ADDRESS	8081 NW 11 ST	
CITY-ST-ZIP	MARGATE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GLASSNER, SHELDON	
STREET ADDRESS	1533 NW 80 AVE -	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CALUCCI, ALICIA	
STREET ADDRESS	1533 NW 80 AVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	DILLOW, MAYNARD	
STREET ADDRESS	8091 NW 13 ST 14-B	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, KATHY	
STREET ADDRESS	1629 NW 80 AVE 14-B	
CITY-ST-ZIP	MARGATE FL 33063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERSAID, EVELYN	
STREET ADDRESS	1455 NW 80th AVE #18A	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUPONT, RICHARD	
STREET ADDRESS	7523 NW 80th AVE #23N	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSNER, SHELDON	
STREET ADDRESS	1533 NW 80 AVE #D	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TESKE, STUART	
STREET ADDRESS	1415 NW 80th AVE #15C	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLOW, MAYNARD	
STREET ADDRESS	8091 NW 13th St. 14-B	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH PERSAID	
STREET ADDRESS	1415 NW 80th AVE #15D	
CITY-ST-ZIP	MARGATE, FL 33063	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth M. Persaid* Elizabeth M. Persaid DATE: 1/25/00 954-971-8670

CR2E037 (9/99)