


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90190 012 \*\*\*\*61.25

|  |  |   |  |
|--|--|---|--|
| DOCUMENT # 734095  |  |    |  |
| 1. Entity Name<br>THE TOWNHOMES OF ORIOLE ASSOCIATION, INC.  |  |   |  |
| Principal Place of Business<br>10034 W MCNAB ROAD<br>TAMARAC, FL 33321 US  |  | Mailing Address<br>10034 W MCNAB ROAD<br>TAMARAC, FL 33321 US   |  |
| 2. Principal Place of Business<br>1401 NW 80th Ave<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>1401 NW 80th Ave<br>Suite, Apt. #, etc.   |  |
| City & State<br>MARGATE FL   |  | City & State<br>MARGATE FL  |  |
| Zip<br>33063   |  | Country<br>U.S.   |  |
| 4. FEI Number<br>59-1724549  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br>MILES, JAMES.R<br>10034 W MCNABB ROAD<br>TAMARAC, FL 33321  |  | 7. Name and Address of New Registered Agent<br>Name: BRADUGH CHADROW + LEVINE P.A.<br>Street Address (P.O. Box Number is Not Acceptable): 1900 N. COMMERCIAL PARKWAY<br>City: WESTON FL Zip Code: 33326 |  |
| 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. I am familiar with, and accept the obligations of registered agent.  |  |   |  |
| SIGNATURE: <i>[Signature]</i>  |  | DATE: 4/22/06   |  |
| Filing Fee is \$61.25 Due by May 1, 2006   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| Make check payable to Florida Department of State  |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE: <del>SD</del><br>NAME: BOWYER, JIM<br>STREET ADDRESS: 10034 W MCNABB ROAD<br>CITY-ST-ZIP: TAMARAC, FL 33321   | <input type="checkbox"/> Delete            | TITLE:<br>NAME: GAVIN POWELL<br>STREET ADDRESS: 8095 MARGATE BLVD-2-F<br>CITY-ST-ZIP: MARGATE FL 33063  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: <del>TD</del><br>NAME: BANKS, IRENE<br>STREET ADDRESS: 10034 W MCNABB ROAD<br>CITY-ST-ZIP: TAMARAC, FL 33321  | <input type="checkbox"/> Delete            | TITLE:<br>NAME: PRICILLA ACUNA<br>STREET ADDRESS: 1537 NW 80th AVE 30-1<br>CITY-ST-ZIP: MARGATE FL 33063  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: <del>PD</del><br>NAME: SORRELL, DAMION<br>STREET ADDRESS: 10034 W MCNABB ROAD<br>CITY-ST-ZIP: TAMARAC, FL 33321   | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE:<br>NAME: GUERRA, GUS<br>STREET ADDRESS: 10034 W MCNABB ROAD<br>CITY-ST-ZIP: TAMARAC, FL 33321   | <input checked="" type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i>  |  | Date: 4-27-06 Daytime Phone #: 954-978-2276   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |  |

ATTACHMENT  
**BCL**

LAW OFFICES OF  
**BROUGH, CHADROW & LEVINE, P.A.**

DAVID L. BROUGH  
MICHAEL S. CHADROW  
SCOTT J. LEVINE

SCOTT L. PESTCOE, OF COUNSEL  
DAVID STONE, OF COUNSEL

April 28, 2006

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

50019189  
# 734095

Re: Annual Report for "The Townhomes of Oriole Association, Inc."

Dear Sir or Madame:

Enclosed please find document #734095, the 2006 Not-For-Profit Corporation Annual Report for the above-referenced entity. Also enclosed is a check made payable to the Florida Department of State, Division of Corporations, in the amount of \$61.25, representing fees charged by the Division in connection with the filing of the enclosed corporate document.

Thank you kindly for your assistance with the enclosed matter.

Very truly yours,

David L. Brough  
For the Firm

DLB/no

Cc: Townhomes of Oriole Association, Inc., C/o Brenda Meklas, Property Manager,  
1401 NW 80<sup>th</sup> Avenue, Margate, Florida 33063.

Encls: (1) 2006 Annual Report;  
(2) Check # 1199, for \$61.25