


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90065 035 ****61.25

DOCUMENT # N07000007506			
1. Entity Name ORIOLE ESTATES CIVIC ASSOCIATION, INC.			
Principal Place of Business 5440 N STATE RD 7 SUITE 214 FT LAUDERDALE, FL 33319		Mailing Address 5440 N STATE RD 7 SUITE 214 FT LAUDERDALE, FL 33319	
2. Principal Place of Business - No P.O. Box # <i>4217 N. State Rd. 7</i>		3. Mailing Address <i>4217 N. State Rd. 7</i>	
Suite, Apt. #, etc. <i>Suite # 4905/2</i>		Suite, Apt. #, etc. <i>Suite # 4905/2</i>	
City & State <i>Ft. Lauderdale, FL</i>		City & State <i>Ft. Lauderdale, FL</i>	
Zip <i>33349</i>	Country <i>U.S.A.</i>	Zip <i>33349</i>	Country <i>U.S.A.</i>
4. FEI Number <i>45-0570529</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBO-BROWN, KIMBERLY	NAME	
STREET ADDRESS	5440 N STATE RD 7 SUITE 214	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33319	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, KATHLEEN	NAME	
STREET ADDRESS	5440 N STATE RD 7 SUITE 214	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33319	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLINSLEY, BRENDA	NAME	
STREET ADDRESS	5440 N STATE RD 7 SUITE 214	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33319	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>Kimberly Bobo-Brown</i>		Date: <i>4-18-08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>(954) 733-3933</i>	