
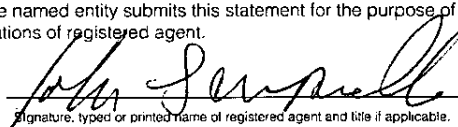


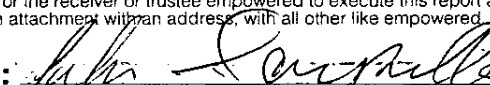
# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90022 046 \*\*\*\*61.25

<b>DOCUMENT # 725539</b>					
1. Entity Name <b>ORIOLE GARDENS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7400 N.W. 5TH COURT MARGATE FL 33063</b>			Mailing Address <b>7400 N.W. 5TH COURT MARGATE FL 33063</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1577274</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DUNLEAVY, JOHN 7600 NW 4TH PLACE 202 MARGATE FL 33063</b>				7. Name and Address of New Registered Agent Name <b>SCARPUA, JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>7205 W ATLANTIC BLVD BLDG 1 APT 102</b> City <b>MARGATE</b> FL Zip Code <b>33063</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPD DUNLEAVY, JOHN 7600 NW 4TH PLACE MARGATE FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPD SCARPUA, JOHN 7205 W ATLANTIC BLVD MARGATE, FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDSTEIN, LEW 7400 NW 4TH PLACE MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSEN, ADE 7506 NW 5TH PLACE MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSEN, ABE 7506 NW 5TH PLACE MARGATE FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, MURRAY 7355 NW 5TH COURT MARGATE FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRY PLACKE 7500 NW 5TH PLACE MARGATE FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNLEAVY, ARLENE 7600 NW 5TH PLACE MARGATE FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRISCOULA, ROSE 7205 W ATLANTIC BLVD MARGATE FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRISCOULA, ROSE 7205 W ATLANTIC BLVD MARGATE FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BILL BRADFORD 7500 NW 5TH PLACE MARGATE, FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #