

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725539

Entity Name: ORIOLE GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7400 N.W. 5TH COURT
MARGATE, FL 33063

Current Mailing Address:

7400 N.W. 5TH COURT
MARGATE, FL 33063

FEI Number: 59-1577274

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAYE BENDER REMBAUM, P.L.
1200 PARK CENTRAL BLVD SOUTH
POMPANO BEACH, FL 33064 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title VP
Name DELUCIA, JOSEPH
Address 7400 N.W. 5TH COURT
City-State-Zip: MARGATE FL 33063

Title PRESIDENT
Name ROSEN, ABE
Address 7400 N.W. 5TH COURT
City-State-Zip: MARGATE FL 33063

Title SECRETARY
Name ROSE, CRISUOLA
Address 7400 N.W. 4TH PLACE
City-State-Zip: MARGATE FL 33063

Title DIRECTOR
Name EFTHEMIA, BARAKAKOS
Address 7561 N.W. 1ST STREET
City-State-Zip: MARGATE FL 33063

Title TREASURER
Name VIGGIANO, WILLIAM
Address 7400 NW 5TH COURT
City-State-Zip: MARGATE FL 33063

Title DIRECTOR
Name DUNLEAVY, ARLENE
Address 7400 NW 5TH COURT
City-State-Zip: MARGATE FL 33063

Title DIRECTOR
Name BURRELL-PALMENTIERI, GLORIA
Address 7400 NW 5TH COURT
City-State-Zip: MARGATE FL 33063

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ABE ROSEN

PRESIDENT

03/13/2014

Electronic Signature of Signing Officer/Director Detail

Date