

**2018 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

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC8443071217**

**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            PRESIDENT  
Name            LAFFEY, PATRICK  
Address        7400 N.W. 5TH COURT  
City-State-Zip: MARGATE FL 33063

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

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

Title            SECRETARY  
Name            BOLGGIANI, RAUL  
Address        7400 N.W. 5TH COURT  
City-State-Zip: MARGATE FL 33063

Title            DIRECTOR  
Name            HERNANDEZ, AURELIO  
Address        7400 N.W. 5TH COURT  
City-State-Zip: MARGATE FL 33063

Title            DIRECTOR  
Name            CAPRIOLI, THERESA CAPRICE  
Address        7400 N.W. 5TH COURT  
City-State-Zip: MARGATE FL 33063

Title            DIRECTOR  
Name            GENNARO, JUDITH  
Address        7400 N.W. 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: PATRICK LAFFEY**

**PRESIDENT**

**04/18/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date