

2019 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	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	GOMEZ, LEONARDO
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****04/09/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date