

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728792

**Entity Name:** ORIOLE VILLAGES CENTER, INC.**Current Principal Place of Business:**C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD 309  
LAKE WORTH, FL 33463**Current Mailing Address:**C/O GRS COMMUNITY MANAGEMENT  
3900 WOODLAKE BLVD 309  
LAKE WORTH, FL 33463 US**FEI Number:** 59-1890491**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERSTIN & ASSOCIATES  
40 S.E. 5TH ST  
STE 610  
BOCA RATON, FL 33432 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:** JOSHUA GERSTIN

02/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	MASTROBUONI, TOM
Address	C/O GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD 309
City-State-Zip:	LAKE WORTH FL 33463

Title	VP
Name	MARKS, EDWARD
Address	C/O GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD 309
City-State-Zip:	LAKE WORTH FL 33463

Title	SECRETARY
Name	FRIEDMAN, BILL
Address	C/O GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD 309
City-State-Zip:	LAKE WORTH FL 33463

Title	PRESIDENT
Name	JOHNSON, SANDRA
Address	C/O GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD 309
City-State-Zip:	LAKE WORTH FL 33463

*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:** SANDRA JOHNSON

PRESIDENT

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date