

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728792

Entity Name: ORIOLE VILLAGES CENTER, INC.

Current Principal Place of Business:

% CAMS
1037 STATE ROAD7 SUITE 302
WELLINGTON, FL 33414

Current Mailing Address:

% CAMS
1037 STATE ROAD7 SUITE 302
WELLINGTON, FL 33414 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

01/03/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SHAMES, JACK
Address 7240 HUNTINGTON LN
 #605
City-State-Zip: DELRAY BEACH FL 33446

Title PRESIDENT
Name JUDAS, NEAL
Address 7076 HUNTINGTON LANE
 #707
City-State-Zip: DELRAY BEACH FL 33446

Title VP
Name MARKS, EDWARD
Address 14719 WILDFLOWER LN
City-State-Zip: DELRAY BEACH FL 33446

Title SECRETARY
Name FERBABDEZ, BARBARA
Address 14671 BONAIRE BLVD
 #209
City-State-Zip: DELRAY BEACH FL 33446

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: NEAL JUDAS

PRESIDENT

01/03/2019

Electronic Signature of Signing Officer/Director Detail

Date