

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728792

**Entity Name:** ORIOLE VILLAGES CENTER, INC.

**Current Principal Place of Business:**

% CAMS  
1037 STATE ROAD 7 SUITE 302  
WELLINGTON, FL 33414

**Current Mailing Address:**

% CAMS  
1037 STATE ROAD 7 SUITE 302  
WELLINGTON, FL 33414 US

**FEI Number:** 59-1890491

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAMS  
1037 STATE ROAD 7  
SUITE 302  
WELLINGTON, FL 33414 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            JENKINS, ARTHUR  
Address        7630 S ORIOLE BLVD  
                  #801  
City-State-Zip: DELRAY BEACH FL 33446

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

Title            VP  
Name            HOWARD, BARRY  
Address        14671 BONAIRE BLVD  
                  #208  
City-State-Zip: DELRAY BEACH FL 33446

Title            TREASURER  
Name            WAIN, CLIFF  
Address        7146 HUNTINGTON LANE  
                  #308  
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:** ARTHUR JENKINS

**PRESIDENT**

**02/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date