

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 VP
Name HOWARD, BARRY
Address 14671 BONAIRE BLVD
 #208
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 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