

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728792

Entity Name: ORIOLE VILLAGES CENTER, INC.

Current Principal Place of Business:

C/O GRS MANAGEMENT
3900 WOODLAKE BLVD. 309
LAKE WORTH, FL 33463

Current Mailing Address:

C/O GRS 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

03/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SHAMES, JACK
Address C/O GRS MANAGEMENT
 3900 WOODLAKE BLVD. 309
City-State-Zip: LAKE WORTH FL 33463

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

Title SECRETARY
Name JUDAS, NEAL
Address C/O GRS MANAGEMENT
 3900 WOODLAKE BLVD. 309
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT
Name FERNANDEZ, BARBARA
Address C/O GRS 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: BARBARA FERNANDEZ

PRESIDENT

03/26/2021

Electronic Signature of Signing Officer/Director Detail

Date