

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730850

**FILED
Mar 21, 2016
Secretary of State
CC9658671803**

Entity Name: ORIOLE GARDENS CONDOMINIUM THREE ASSOCIATION, INC.

Current Principal Place of Business:

7400 N.W. 1ST STREET
MARGATE, FL 33063

Current Mailing Address:

2400 CENTREPARK W. DR., STE 175
WEST PALM BCH, FL 33409

FEI Number: 59-1579420

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BACKER LAW FIRM, PA
400 SOUTH DIXIE HWY, STE 420
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name ARNOLD, LEE
Address 7360 NW 1ST ST
 #89-108
City-State-Zip: MARGATE FL 33063

Title VP-TREASURER
Name REYNOLDS, FRANCES
Address 7410 NW 1ST ST
 #86-201
City-State-Zip: MARGATE FL 33063

Title VP-1ST
Name PLACKE, HARRY
Address 271 NW 76TH AVE
 #76-106
City-State-Zip: MARGATE FL 33063

Title VP-3RD
Name KEEGAN, THERESA
Address 7350 NW 1ST ST
 #88-101
City-State-Zip: MARGATE FL 33063

Title VP-2ND
Name PIETTE , PIERRE
Address 201 NW 76TH AVE
 #79-201
City-State-Zip: MARGATE FL 33063

Title VP-SECRETARY
Name THEOGENE, HONEY
Address 231 NW 76TH AVE
 #78-107
City-State-Zip: MARGATE FL 33063

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: LEE ARNOLD

PRESIDENT

03/21/2016

Electronic Signature of Signing Officer/Director Detail

Date