FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 575422 (1)

1. Corporate Name
ORIOLE AT HARBOUR HEIGHTS, INC.

Principal Place of Business
1690 S CONGRESS AVE STE 200
DELRAY BEACH FL 33445

Mailing Address
1690 S CONGRESS AVE STE 200
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1978
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1887560 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No Affliated

9. Name and Address of Current Registered Agent
NUNEZ, ANTONIO
1690 S CONGRESS AVE, STE 200
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
(NOTE: Registered Agent signature required when resisting) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LEVY, R.D.
STREET ADDRESS	1690 S CONGRESS AVE 200
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	VD
NAME	HUBSHMAN, E.E.
STREET ADDRESS	1690 S CONGRESS AVE 200
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	SD
NAME	LEVY, HARRY A
STREET ADDRESS	1690 S CONGRESS AVE 200
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	VTD
NAME	NUNEZ, ANTONIO
STREET ADDRESS	1690 S CONGRESS AVE 200
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	PD
NAME	LEVY, MARK A.
STREET ADDRESS	1690 S CONGRESS AVE 200
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing, or voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with my title or addition or attachment with an address.

SIGNATURE: A. Nunez, Sr. Vice President 2/22/95 (407) 274-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0267067 CP