FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **575422** **(1)**

1. Corporation Name

ORIOLE AT HARBOUR HEIGHTS, INC.

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

3. Date Incorporated or Qualified: **06/12/1978**

3a. Date of Last Report: **03/01/1995**

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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 Section 607.0502 and 617.1505, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LEVY, R.D.		12 NAME		
STREET ADDRESS	1690 S CONGRESS AVE 200		13 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		14 CITY ST ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	HUBSHMAN, E.E.		22 NAME		
STREET ADDRESS	1690 S CONGRESS AVE 200		23 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		24 CITY ST ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	LEVY, HARRY A		32 NAME		
STREET ADDRESS	1690 S CONGRESS AVE 200		33 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		34 CITY ST ZIP		
TITLE	VTD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	NUNEZ, ANTONIO		42 NAME		
STREET ADDRESS	1690 S CONGRESS AVE 200		43 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		44 CITY ST ZIP		
TITLE	PD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	LEVY, MARK A.		52 NAME		
STREET ADDRESS	1690 S CONGRESS AVE 200		53 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		54 CITY ST ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY ST ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 above, if changed, or on an attached sheet, with an address.

SIGNATURE: A. Nunez, Sr. Vice President 03/28/96 (407) 274-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

3-30-1996