


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 725539</b> 1. Entity Name <b>ORIOLE GARDENS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>7400 N.W. 5TH COURT MARGATE FL 33063</b>		Mailing Address <b>7400 N.W. 5TH COURT MARGATE FL 33063</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	



1st MOORE      CR2E037 (10/07)

4. FEI Number <b>59-1577274</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROSEN, ABE 7505 NW 5TH PL BLDG 34 APT 203 MARGATE FL 33063</b>			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____		

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Abe Rosen*      DATE 2/19/07

Signature, typed or printed name of registered agent and true name of entity      (NOTE: Registered Agent signature is not required when returning)      DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees <b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNLEAVY, ARLENE			NAME	U00000837228		
STREET ADDRESS	7600 N.W. 4TH PLACE			STREET ADDRESS	03/04/08-80048-010 61.25		
CITY- ST- ZIP	MARGATE FL 33063			CITY- ST- ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSTEIN, LEW			NAME			
STREET ADDRESS	7400 NW 4TH PLACE			STREET ADDRESS			
CITY- ST- ZIP	MARGATE FL 33063			CITY- ST- ZIP			
TITLE	TPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSEN, ABE			NAME			
STREET ADDRESS	7506 NW 5TH PLACE			STREET ADDRESS			
CITY- ST- ZIP	MARGATE FL 33063			CITY- ST- ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPARROS, JOE			NAME			
STREET ADDRESS	7205 W. ATLANTIC BLVD			STREET ADDRESS			
CITY- ST- ZIP	MARGATE FL 33063			CITY- ST- ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, SYLVIA			NAME			
STREET ADDRESS	7200 N.W. 5TH PLACE			STREET ADDRESS			
CITY- ST- ZIP	MARGATE FL 33063			CITY- ST- ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, MURRAY			NAME			
STREET ADDRESS	7355 N.W. 5TH CT			STREET ADDRESS			
CITY- ST- ZIP	MARGATE FL 33063			CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Abe Rosen*      DATE: 2/19/07      ID: 954-971-7412