

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725539

FILED
Mar 18, 2009
Secretary of State

Entity Name: ORIOLE GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7400 N.W. 5TH COURT
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

7400 N.W. 5TH COURT
MARGATE, FL 33063

New Mailing Address:

FEI Number: 59-1577274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, ABE
7505 NW 5TH PL
BLDG 34 APT 203
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: DUNLEAVY, ARLENE
Address: 7600 N.W. 4TH PLACE
City-St-Zip: MARGATE, FL 33063

Title: VPD () Delete
Name: GOLDSTEIN, LEW
Address: 7400 NW 4TH PLACE
City-St-Zip: MARGATE, FL 33063

Title: TPD () Delete
Name: ROSEN, ABE
Address: 7506 NW 5TH PLACE
City-St-Zip: MARGATE, FL 33063

Title: VPD () Delete
Name: CAPARROS, JOE
Address: 7205 W. ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

Title: SD () Delete
Name: LEVINE, SYLVIA
Address: 7200 N.W. 5TH PLACE
City-St-Zip: MARGATE, FL 33063

Title: TD () Delete
Name: DAVIS, MURRAY
Address: 7355 N.W. 5TH CT
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TPD (X) Change () Addition
Name: ROSEN, ABE
Address: 7505 N.W. 5TH PLACE
City-St-Zip: MARGATE, FL 33063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HARONITIS, EFI
Address: 7605 N.W. 5TH COURT
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ABE ROSEN

Electronic Signature of Signing Officer or Director

PRES

03/18/2009

Date