

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729519

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** ORIOLE GARDENS CONDOMINIUM TWO ASSOCIATION, INC.

**Current Principal Place of Business:**

7700 N W 5 COURT  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

7700 N W 5 COURT  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 59-1579423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POLIAKOFF, GARY A J.D.  
3111 STIRLING ROAD  
FT. LAUDERDALE, FL 33312 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: 2VP ( ) Delete  
Name: BARBATO, DORIS  
Address: 7805 NW 5TH COURT 107  
City-St-Zip: MARGATE, FL 33063

Title: DVP3 ( ) Delete  
Name: RAXENBERG, GUS  
Address: 601 NW 79TH AVE. 103  
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete  
Name: SCHULMAN, SYLVIA  
Address: 7655 W ATLANTIC BLVD 201  
City-St-Zip: MARGATE, FL 33063

Title: 1VP ( ) Delete  
Name: WELLS, WILLIAM  
Address: 7705 NW 5TH COURT 202  
City-St-Zip: MARGATE, FL 33063

Title: P ( ) Delete  
Name: MORRISON, WILLARD  
Address: 550 NW 76TH TERRACE  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: 3VP (X) Change ( ) Addition  
Name: RAXENBERG, GUS  
Address: 601 NW 79TH AVE. 103  
City-St-Zip: MARGATE, FL 33063

Title: T (X) Change ( ) Addition  
Name: PERLMUTTER, ROBERT  
Address: 550NW 76TH TERRACE APT 202  
City-St-Zip: MARGATE, FL 33063

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

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

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: WILLARD MORRISON

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date