

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2 Mar 06, 2008 8:00 am
Secretary of State

02-07-2008 90027 044 ****61.25

DOCUMENT # 730850 1. Entity Name ORIOLE GARDENS CONDOMINIUM THREE ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 7400 N.W. 1ST STREET MARGATE, FL 33063			Mailing Address 7400 N.W. 1ST STREET MARGATE, FL 33063																																																																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State																																																																																																																																																			
Zip	Country	Zip	Country	4. FEI Number 59-1579420																																																																																																																																																	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent CUNNINGHAM, GARY 7400 N W 1ST STREET MARGATE, FL 33063				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																	
8. 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>PINCUS, MAX</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7500 N.W. 1ST STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MARGATE, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>OZZIMO, JACK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>301 NW 76TH AVE #208</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MARGATE, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>RESSEGUE, STEVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7680 NW 1ST STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MARGATE, FL 33063</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>ANDREWS, PEARL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7360 N W 1ST STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MARGATE, FL 33063</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P. DONALD MALONE</td> <td style="width: 10%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>7310 NW 1ST STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MARGATE, FL 33063</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Joseph DeLong</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7490 NW 1ST STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MARGATE, FL 33063</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>NICK DIMOLA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>301 NW 76TH AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MARGATE, FL 33069</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Cathrine Gray</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>7290 NW 1ST STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MARGATE, FL 33069</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PD	☒ Delete	NAME	PINCUS, MAX		STREET ADDRESS	7500 N.W. 1ST STREET		CITY- ST- ZIP	MARGATE, FL		TITLE	VPD	☒ Delete	NAME	OZZIMO, JACK		STREET ADDRESS	301 NW 76TH AVE #208		CITY- ST- ZIP	MARGATE, FL		TITLE	VPD	☒ Delete	NAME	RESSEGUE, STEVE		STREET ADDRESS	7680 NW 1ST STREET		CITY- ST- ZIP	MARGATE, FL 33063		TITLE	T	☒ Delete	NAME	ANDREWS, PEARL		STREET ADDRESS	7360 N W 1ST STREET		CITY- ST- ZIP	MARGATE, FL 33063		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE	P. DONALD MALONE	☒ Change ☐ Addition	NAME	7310 NW 1ST STREET		STREET ADDRESS	MARGATE, FL 33063		CITY- ST- ZIP			TITLE	VP	☒ Change ☐ Addition	NAME	Joseph DeLong		STREET ADDRESS	7490 NW 1ST STREET		CITY- ST- ZIP	MARGATE, FL 33063		TITLE	VP	☒ Change ☐ Addition	NAME	NICK DIMOLA		STREET ADDRESS	301 NW 76TH AVE		CITY- ST- ZIP	MARGATE, FL 33069		TITLE	Cathrine Gray	☒ Change ☐ Addition	NAME	7290 NW 1ST STREET		STREET ADDRESS	MARGATE, FL 33069		CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Donald Malone</u>																																																																																																																																																					
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