

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$255)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 AUG -8 PM 2:40

DOCUMENT # 734095 (3)
 1. Corporation Name
THE TOWNHOMES OF ORIOLE ASSOCIATION, INC.

Principal Place of Business Mailing Address
1401 NW 80 AVE MARGATE FL 33063 US
C/O TOWNHOMES & ORIOLE 1401 N.W. 80TH AVENUE MARGATE FL 33063 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/17/1975	3a. Date of Last Report 04/14/1994
4. FEI Number 59-1724549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
SUNSET MANAGEMENT
1100 S STATE RD. #7
STE 100-
MARGATE FL 33068

10. Name and Address of New Registered Agent
 81 Name **Prime Management Group**
 82 Street Address (P.O. Box Number is Not Acceptable)
1051 J. Rogers Circle
 83
 84 City **Deer Lake** FL 85 Zip Code **33487**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **8-4-95**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME RIVETTE, RICHARD	1.1 TITLE P	David Frantz's <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1415 NW 80TH AVE	CITY - ST - ZIP MARGATE, FL 00000	1.2 NAME 1535 NW 80th Ave	1.3 STREET ADDRESS margate, FL 33063
TITLE V	NAME FRANTZIS, DAVID	2.1 TITLE V	Cheryl Vavrick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1535 NW 80TH AVE	CITY - ST - ZIP MARGATE, FL 00000	2.2 NAME 1605 NW 80th Ave	2.3 STREET ADDRESS Margate, FL 33063
TITLE T	NAME VAVRICK, CHERLY	3.1 TITLE F-V	Donna Barfield <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1605 NW 80TH AVE	CITY - ST - ZIP MARGATE, FL 00000	3.2 NAME 8081 NW 11 Street	3.3 STREET ADDRESS Margate, FL 33063
TITLE D	NAME KLING, GERALD	4.1 TITLE D	Bonnie Kotseh <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1705 NW 80TH AVE	CITY - ST - ZIP MARGATE, FL 00000	4.2 NAME 8081 NW 11 Street	4.3 STREET ADDRESS Margate, FL 33063
TITLE	NAME	5.1 TITLE D	Ignacio Mohan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME 1505 NW 80th Ave	5.3 STREET ADDRESS Margate, FL 33063
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	6.4 CITY - ST - ZIP	

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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **7/22/95** (305) 426-1500
 Signature and typed or printed name of signing officer or director

CR2E037 (3/95)