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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33063-2919
US

3. Date Incorporated or Qualified
10/17/1975

3a. Date of Last Report
02/21/1996

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

25

29

30

4. FEI Number
59-1724549

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONSOLIDATED COMMUNITY MGT
7688 WILES ROAD
CORAL SPRINGS FL 33007

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS DELETE
NAME TUCKER, HARRY
STREET ADDRESS 1535 NW 80TH AVENUE
CITY-ST-ZIP MARGATE FL

1.1 TITLE Change Addition
1.2 NAME HARRY TUCKER
1.3 STREET ADDRESS 1535 NW 80TH AVE
1.4 CITY-ST-ZIP MARGATE FL 33063

TITLE VT DELETE
NAME SILVERBERG, IRVING
STREET ADDRESS 8081 NW 11 ST
CITY-ST-ZIP MARGATE FL

2.1 TITLE Change Addition
2.2 NAME IRVING SILVERBERG
2.3 STREET ADDRESS 8081 NW 11 STREET
2.4 CITY-ST-ZIP MARGATE FL 33063

TITLE D DELETE
NAME MOHEN, INGRID
STREET ADDRESS 8081 NW 11 STREET
CITY-ST-ZIP MARGATE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME COX, BONNIE
STREET ADDRESS 8081 NW 11 STREET
CITY-ST-ZIP MARGATE FL

4.1 TITLE Change Addition
4.2 NAME BONNIE COX
4.3 STREET ADDRESS 8081 NW 11 STREET
4.4 CITY-ST-ZIP MARGATE FL 33063

TITLE D DELETE
NAME MOHAN, INGRID
STREET ADDRESS 1505 NW 80TH AVENUE
CITY-ST-ZIP MARGATE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025426

3/11/97

CR2E037 (9/96)