

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734095 (3)

1. Corporation Name
THE TOWNHOMES OF ORIOLE ASSOCIATION, INC.



Principal Place of Business 1401 NW 80 AVE MARGATE FL 33063 US	Mailing Address C/O TOWNHOMES & ORIOLE 1401 N.W. 80TH AVENUE MARGATE FL 33063 US
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3. Date Incorporated or Qualified 10/17/1975	
4. FEI Number 59-1724549	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent

**CONSOLIDATED COMMUNITY MGT
7686 WILES ROAD
CORAL SPRINGS FL 33007**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPSD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres. D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, HARRY	1.2 NAME	Lisa Howard
STREET ADDRESS	1535 NW 80TH AVENUE	1.3 STREET ADDRESS	1759 NW 80 Ave #E
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	Margate, FL 33063
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERBERG, IRVING	2.2 NAME	Sheldon Glassner
STREET ADDRESS	8081 NW 11 ST	2.3 STREET ADDRESS	1533 NW 80 Ave
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	Margate, FL 33063
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOTCH, BONNIE	3.2 NAME	Alicia Calucci
STREET ADDRESS	8081 NW 11 STREET	3.3 STREET ADDRESS	1533 NW 80 Ave
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	Margate, FL 33063
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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]*

CR2E037 (10/97)