

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734095

1. Entity Name

THE TOWNHOMES OF ORIOLE ASSOCIATION, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90220 048 ****61.25

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 33063-2919
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1724549

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CONSOLIDATED COMMUNITY MGT
7686 WILES ROAD
CORAL SPRINGS FL 33007

7. Name and Address of New Registered Agent

Name
Cheryl J. Levin, P.A.
Street Address (P.O. Box Number is Not Acceptable)
10236 NW 47th St.
SUNRISE,
City
FL Zip Code
33351

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.

SIGNATURE Cheryl J. Levin, P.A. President, Cheryl J. Levin, P.A. DATE 1/13/2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, LISA 1759 NW 80 AVE 3E MARGATE FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SILVERBERG, IRVING 8081 NW 11 ST MARGATE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLASSNER, SHELDON 1533 NW 80 AVE - MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALUCCI, ALICIA 1533 NW 80 AVE MARGATE FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLOW, MAYNARD 8091 NW 13 ST 14-B MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREZ, KATHY 1629 NW 80 AVE 14-B MARGATE FL 33063	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERSAUD, EVELYN 1455 NW 80th Ave #18A MARGATE, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPONT, RICHARD 7523 NW 80th Ave #23N MARGATE, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLASSNER, SHELDON 1533 NW 80 AVE #D MARGATE, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TESKE, STUART 1415 NW 80th Ave #15C MARGATE, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DILLOW, MAYNARD 8091 NW 13th St. 14-B MARGATE, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELIZABETH PERSAUD 1415 NW 80th Ave #15D MARGATE, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: Elizabeth M. Persaud Elizabeth M. Persaud 1/25/00 954-971-8670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)