

# 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 Mailing Address  
1401 NW 80 AVE C/O TOWNHOMES & ORIOLE  
MARGATE FL 33063 1401 N.W. 80TH AVENUE  
US MARGATE FL 33063-2919  
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1724549 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONSOLIDATED COMMUNITY MGT  
7686 WILES ROAD  
CORAL SPRINGS FL 33007

Name Cheryl J. Levin, P.A.  
Street Address P.O. Box Number is Not Acceptable  
10226 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. 1/13/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D	NAME PERSAUD, EVELYN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1455 NW 80th AVE #18A		
CITY-ST-ZIP MARGATE, FL 33063		
TITLE D	NAME DUPONT, RICHARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1523 NW 80th AVE #23N		
CITY-ST-ZIP MARGATE, FL 33063		
TITLE PD	NAME GLASSNER, SHELDON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1533 NW 80 AVE #D		
CITY-ST-ZIP MARGATE, FL 33063		
TITLE SD	NAME TESKE, STUART	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1415 NW 80th AVE #15C		
CITY-ST-ZIP MARGATE, FL 33063		
TITLE VPD	NAME DILLOW, MAYNARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8091 NW 13th St. 14-B		
CITY-ST-ZIP MARGATE, FL 33063		
TITLE TD	NAME ELIZABETH PERSAUD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1415 NW 80th AVE #15D		
CITY-ST-ZIP MARGATE, FL 33063		

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)