

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90117 017 \*\*\*\*61.25

**DOCUMENT # 734095**

1. Entity 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

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

LEVIN, CHERYL J  
 10226 NW 47TH ST  
 SUNRISE FL 33351

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

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

TITLE	2ND VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGUSTO, DANIEL	
STREET ADDRESS	8091 NW 13 ST # 14D	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPONT, RICHARD	
STREET ADDRESS	1523 NW 80TH AVE # 23H	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, ELAINE	
STREET ADDRESS	1533 NW 80TH AVE # 32B	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESKE, STUART	
STREET ADDRESS	1415 NW 80TH AVE # 15C	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLOW, MAYNAH	
STREET ADDRESS	8091 NW 13 ST # 14B	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSAUD, ELIZABETH	
STREET ADDRESS	1401 NW 80TH AVE	
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 4/11/01 954-971-8670  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)