2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734095

FILED Apr 29, 2005 Secretary of State

Entity Name: THE TOWNHOMES OF ORIOLE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10034 W MCNAB ROAD TAMARAC, FL 33321 **Current Mailing Address: New Mailing Address:** 10034 W MCNAB ROAD TAMARAC, FL 33321 US FEI Number: 59-1724549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILES, JAMES R 10034 W MCNABB ROAD TAMARAC, FL 33321 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LEDANE, DEBORAH BOWYER, JIM Name: Name: 10034 W MCNABB ROAD Address: 10034 W MCNABB ROAD Address: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: VD () Delete Title: SD (X) Change () Addition RUDOLPH, ILISSA Name: BANKS, IRENE Name: Address: 10034 W MCNABB ROAD Address: 10034 W MCNABB ROAD City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: (X) Change () Addition GLASSNER, SHELDON SORRELL, DAMION Name: Name: 10034 W MCNABB ROAD 10034 W MCNABB ROAD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 () Delete (X) Change () Addition Title: SD Title: RODRIGUEZ, MARGARITA Name: Name: GUERRA, GUS 10034 W MCNABB ROAD Address: Address: 10034 W MCNABB ROAD City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: (X) Delete Title: () Change () Addition SORRELL, DAMION Name: Name: 10034 W MCNABB ROAD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: (X) Delete Title: () Change () Addition VECCHIO, SAL Name: Name: Address: 10034 W MCNABB ROAD Address: TAMARAC, FL 33321 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM BOWYER PD 04/29/2005