

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90087 015 \*\*\*\*61.25

**DOCUMENT # 734095**

1. Entity Name

THE TOWNHOMES OF ORIOLE ASSOCIATION, INC.



Principal Place of Business

1401 NW 80TH AVE  
MARGATE FL 33063  
US

Mailing Address

1401 NW 80TH AVE  
MARGATE FL 33063  
US

2. Principal Place of Business - No P.O. Box #

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

BROUGH, CHADROW, & LEVINE P.A.  
1900 N. COMMERCE PKWY  
WESTON FL 33326

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*David Brough Esq*

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**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | SD                    | <input type="checkbox"/> Delete            |
| NAME           | BOWYER, JIM           |  |
| STREET ADDRESS | 10034 W MCNABB ROAD   |  |
| CITY- ST- ZIP  | TAMARAC FL 33321      |  |
| TITLE          | TD                    | <input type="checkbox"/> Delete            |
| NAME           | BANKS, IRENE          |  |
| STREET ADDRESS | 10034 W MCNABB ROAD   |  |
| CITY- ST- ZIP  | TAMARAC FL 33321      |  |
| TITLE          | PD                    | <input type="checkbox"/> Delete            |
| NAME           | SORRELL, DAMION       |  |
| STREET ADDRESS | 10034 W MCNABB ROAD   |  |
| CITY- ST- ZIP  | TAMARAC FL 33321      |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | POWELL, GAVIN         |  |
| STREET ADDRESS | 8095 MARGATE BLVD 2-F |  |
| CITY- ST- ZIP  | MARGATE FL 33063      |  |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | ACUNA, PRICILLA       |  |
| STREET ADDRESS | 1527 NW 80TH AVE 30-I |  |
| CITY- ST- ZIP  | MARGATE FL 33063      |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY- ST- ZIP  |                       |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | P BOWYER JIM         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 8090 NW 13th ST 13-H |  |
| STREET ADDRESS | MARGATE, FL 33063    |  |
| CITY- ST- ZIP  |                      |  |
| TITLE          | T SORRELL DAMION     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 8090 NW 13th ST 13-E |  |
| STREET ADDRESS | MARGATE, FL 33063    |  |
| CITY- ST- ZIP  |                      |  |
| TITLE          | S BANKS, IRENE       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1419 NW 80th Ave 19F |  |
| STREET ADDRESS | MARGATE, FL 33063    |  |
| CITY- ST- ZIP  |                      |  |
| TITLE          | D BRADY NANCY        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 1605 NW 80th Ave 24F |  |
| STREET ADDRESS | MARGATE, FL 33063    |  |
| CITY- ST- ZIP  |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY- ST- ZIP  |                      |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Irene Banks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07

Date

Daytime Phone #