

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

Mailing Address

1401 NW 80TH AVE
 MARGATE FL 33063
 US

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

4. FEI Number

59-1724549

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 #