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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
80112165

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 755606					
1. Entity Name OREGON STREET TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 321 OREGON STREET HOLLYWOOD, FL 33019			Mailing Address 321 OREGON STREET HOLLYWOOD, FL 33019		
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 00-0000000	
				☒ Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TONER, EAMON 321 OREGON STREET HOLLYWOOD, FL 33019			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
A. 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 _____ Signature, typed or printed name of registrant agent and date if applicable. (NOTE: Registered Agent's signature required when filing.) DATE _____					
			2. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
	D	HERSHMAN, LAWRENCE	916 OREGON STREET HOLLYWOOD, FL 33019	☐ Change ☐ Addition	
	D	MAGARO, DENNIS	306 OREGON STREET HOLLYWOOD, FL 33019	☐ Change ☐ Addition	
	D	TONER, EAMON	321 OREGON STREET HOLLYWOOD, FL 33019	☐ Change ☐ Addition	
				☐ Change ☒ Addition	
				☐ Change ☒ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 917, Florida Statutes; and that my name appears in block 10 or block 11 as changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Beverly Cooper</i> <i>Beverly Cooper</i> 954-922-8470					