FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052466 (6)

1. Corporation Name

ORIOLE AT STONECREST, INC.

Principal Place of Business	Mailing Address
1690 SOUTH CONGRESS AVENUE SUITE 200 DELRAY BEACH FL 33445	1690 SOUTH CONGRESS AVENUE SUITE 200 DELRAY BEACH FL 33445

3. Date Incorporated or Qualified: 07/07/1995
3a. Date of Last Report:
4. FEI Number: 65-0612267 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No   Affliated

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. **Name and Address of Current Registered Agent**

NUNEZ, ANTONIO
1690 SOUTH CONGRESS AVENUE
SUITE 200
DELRAY BEACH FL 33445

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

S00001764225
-04/01/96--01027--031
***200.00

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	Change	Addition
1.1 TITLE	C/D	☐	☒
1.2 NAME	Levy, Richard D.		
1.3 STREET ADDRESS	1690 S. Congress Avenue, Suite 200		
1.4 CITY-ST-ZIP	Delray Beach, FL 33445		
2.1 TITLE	P/D	☐	☒
2.2 NAME	Levy, Mark A.		
2.3 STREET ADDRESS	1690 S. Congress Avenue, Suite 200		
2.4 CITY-ST-ZIP	Delray Beach, FL 33445		
3.1 TITLE	V/D	☐	☒
3.2 NAME	Hubshman, E. E.		
3.3 STREET ADDRESS	1690 S. Congress Avenue, Suite 200		
3.4 CITY-ST-ZIP	Delray Beach, FL 33445		
4.1 TITLE	V/T/D	☐	☒
4.2 NAME	Nunez, Antonio		
4.3 STREET ADDRESS	1690 S. Congress Avenue, Suite 200		
4.4 CITY-ST-ZIP	Delray Beach, FL 33445		
5.1 TITLE	S/D	☐	☒
5.2 NAME	Levy, Harry A.		
5.3 STREET ADDRESS	1690 S. Congress Avenue, Suite 200		
5.4 CITY-ST-ZIP	Delray Beach, FL 33445		
6.1 TITLE	V	☐	☒
6.2 NAME	Gravett, Stephen A.		
6.3 STREET ADDRESS	1690 S. Congress Avenue, Suite 200		
6.4 CITY-ST-ZIP	Delray Beach, FL 33445		

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Nunez, Sr. Vice President   03/28/96   (407) 274-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)

3-30-1996