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FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1690 SOUTH CONGRESS AVENUE
SUITE 200
DELRAY BEACH FL 33445

Mailing Address

1690 SOUTH CONGRESS AVENUE
SUITE 200
DELRAY BEACH FL 33445-6386

3. Date Incorporated or Qualified

07/07/1995

3a. Date of Last Report

03/30/1996

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

Affiliated

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
C/D	LEVY, RICHARD D	1690 S. CONGRESS AVENUE STE. 200	DELRAY BEACH FL 33445	<input type="checkbox"/>
P/D	LEVY, MARK A	1690 S. CONGRESS AVENUE STE. 200	DELRAY BEACH FL 33445	<input type="checkbox"/>
V/D	HUBSHMAN, E E	1690 S. CONGRESS AVENUE STE. 200	DELRAY BEACH FL 33445	<input type="checkbox"/>
VTD	NENEZ, ANTONIO	1690 S. CONGRESS AVENUE STE. 200	DELRAY BEACH FL 33445	<input type="checkbox"/>
S/D	LEVY, HARRY A	1690 S. CONGRESS AVENUE STE. 200	DELRAY BEACH FL 33445	<input type="checkbox"/>
V	GRAVETT, STEPHEN A	1690 S. CONGRESS AVENUE STE. 200	DELRAY BEACH FL 33445	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

NUNEZ, ANTONIO

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2/14/97

(561) 274-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)