## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000052466 (6)

ORIOLE AT STONECREST, INC.

## FILED Apr 20 1998 8:00am Secretary of State

Principal Place of Business Mailing			ng Address				E PRODITORI DIO IDIDI BIRI OBILI DESILI	BULL BRIDE BILLS	A HIŞIN QUBAR DI	HUU (400 1410)
1690 SOUTH CONGRESS AVENUE SUITE 200		SUITE 200					DO NOT WENT	TE INI TILIIO (	PDACE.	
DELRAY BEA	DELRAY BEA	DELRAY BEACH FL 33445				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
<b>!</b>							07/07/1995			
2. Principal F	lace of Business	2a. Mailing Ac	dress				4. FEI Number		I A	pplied For
21		26	26				65-0612267		<del></del>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27	<del></del>				8. Cermicale of Status Desired		Fee R	equired
City & State		City & Star	City & State				6. Election Campaign Financing	_		May Be
Zip Country		28					Trust Fund Contribution			to Fees
Zip 24	<u>├</u> ─┐	Zip	-	Country	,		8. This corporation owes or has p	_		itangible No
241	25 25 Name and Address of Curren	29 t Registered Agen	30 nt	<u> </u>		لــــا	Personal Property Tax due Jur 10. Name and Address of New R			
					Name					
-NUNCE, ANTONIO-							ki, Joseph	7	<del></del> .	
1690 SOUTH CONGRESS AVENUE SUITE 200				82	Street	Addres	s (P.O. Box Number is Not Accepta	able)		
	LRAY BEACH FL 33445			<b>B3</b>						
				84	City		<u>.                                 </u>		85 Zip	Code
44 0	10 x 607 000	0 - 4 007 4500 E						<u>FL</u>		
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 Joseph Pivinski, Vice President 4/10/98 Signature, hypotherina agricult registered agent and tice if applicable (NOTE: Registered Agents sgnature required when reinstating)  OATE										
12.	OFFICERS AND		(NOTE 1	13.	an a griatore	regoreo	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12
TITLE	C/D		DELETE	1.1 TITLE		V/'			Change	Addition
NAME	LEVY, RICHARD D			1.2 NAME			vinski, Joseph			-
STREET ADDRESS	1690 S. CONGRESS AVENUE	STE. 200	200 1.3 STREET ADDRESS		ADDRESS	16	90 S. Congress Aven	ue, St	e 200	
CITY-ST-ZIP	DELRAY BEACH FL 33445			1.4 CITY-ST-ZIP I		De:	lray Beach, FL 334	45		
TITLE	P/D		DELETE	2.1 TITLE					Change	Addition
NAME	LEVY, MARK A			22 NAME	J					
STREET ADDRESS	1690 S. CONGRESS AVENUE	. STE. 200		2.3 STREET	ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 33445		Sr. min	2. 4 CITY - S	ST - ZIP	<u> </u>				
TITLE	V/D	LES.	DELETE	3.1 TITLE					Change	Addition
NAME	HUBSHMAN, E E	ATE 444		3.2 NAME						1
STREET ADDRESS	1690 S. CONGRESS AVENUE	SIE. 200		3.3 STREET	í					
CITY-ST-ZIP TITLE	DELRAY BEACH FL 33445		DELETE	3.4. CITY - S	ST-ZIP				Change	Addition
I	VTD		DELETE	4.1 TITLE			·		☐ cuarãs	☐ XOUIUUII
NAME	NUNEZ, ANTONIO 1690 S. CONGRESS AVENUE	CTE OOO		4. 2 NAME	**************************************					
STREET ADDRESS	DELRAY BEACH FL	STE. 200		4.3 STREET						
CITY-ST-ZIP TITLE	S/D		DELETE	4.4 CITY - S 5.1 TITLE	1- ZIF				Change	Addition
NAME	LEVY, HARRY A	_		5.2 NAME	}	l				
STREET ADDRESS	1690 S. CONGRESS AVENUE	STF. 200		5 3 STREET	ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 33445	V.E. 200		5.4 CITY-S						
TITLE	V		DELETE	6.1 TITLE					Change	Addition
NAME	GRAVETT, STEPHEN A			6.2 NAME					-	
STREET ADDRESS	1690 S. CONGRESS AVENUE	STE. 200		6.3 STREET	ADDRESS					
	DELDAY DEACH EL DOAGE		-	T	/					

14. I 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 suppliemental 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 aldress.

4/10/08