


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90028 038 ***158.75

DOCUMENT # P95000052466 1. Entity Name ORIOLE AT STONECREST, INC.	
--	---

Principal Place of Business 6400 CONGRESS AVE STE 2000 BOCA RATON, FL 33487	Mailing Address 6400 CONGRESS AVE STE 2000 BOCA RATON, FL 33487
--	--

DO NOT WRITE IN THIS SPACE

60015637

02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0612267	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, HARRY
6400 CONGRESS AVE.
SUITE 2000
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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.

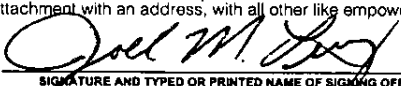
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD LEVY, R D 6400 CONGRESS AVE STE 2000 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LEVY, MARK A 6400 CONGRESS AVE STE 2000 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD LEVY, H A 6400 CONGRESS AVE STE 2000 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD LEVY, JOEL M 6400 CONGRESS AVE STE 2000 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD LEVY, JO ANN 6400 CONGRESS AVE STE 2000 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 607, 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:  **JOEL M. LEVY** **2/10/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #