

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$255)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 AUG -8 PM 2:40

DOCUMENT # 734095 (3)
 1. Corporation Name
THE TOWNHOMES OF ORIOLE ASSOCIATION, INC.

Principal Place of Business Mailing Address
1401 NW 80 AVE MARGATE FL 33063 US
C/O TOWNHOMES & ORIOLE 1401 N.W. 80TH AVENUE MARGATE FL 33063 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/17/1975** 3a. Date of Last Report **04/14/1994**
 4. FEI Number **59-1724549** 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**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
SUNSET MANAGEMENT
1100 S STATE RD. #7
STE 100-
MARGATE FL 33068

10. Name and Address of New Registered Agent
 81 Name **Prime Management Group**
 82 Street Address (P.O. Box Number is Not Acceptable) **1051 J. Rogers Circle**
 83
 84 City **Boca Raton** FL 85 Zip Code **33487**

11. Pursuant to the provisions of Sections 617.0502 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **8-4-95**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RIVETTE, RICHARD
STREET ADDRESS	1415 NW 80TH AVE
CITY - ST - ZIP	MARGATE, FL 00000
TITLE	V
NAME	FRANTZIS, DAVID
STREET ADDRESS	1535 NW 80TH AVE
CITY - ST - ZIP	MARGATE, FL 00000
TITLE	T
NAME	VAVRICK, CHERLY
STREET ADDRESS	1605 NW 80TH AVE
CITY - ST - ZIP	MARGATE, FL 00000
TITLE	D
NAME	KLING, GERALD
STREET ADDRESS	1705 NW 80TH AVE
CITY - ST - ZIP	MARGATE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David Frantzis	
1.3 STREET ADDRESS	1535 NW 80th Ave	
1.4 CITY - ST - ZIP	Margate, FL 33063	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cheryl Vavrick	
2.3 STREET ADDRESS	1605 NW 80th Ave	
2.4 CITY - ST - ZIP	Margate, FL 33063	
3.1 TITLE	F-V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Donna Barfield	
3.3 STREET ADDRESS	8081 NW 11 Street	
3.4 CITY - ST - ZIP	Margate, FL 33063	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bonnie Kotseh	
4.3 STREET ADDRESS	8081 NW 11 Street	
4.4 CITY - ST - ZIP	Margate, FL 33063	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tejpal Mohan	
5.3 STREET ADDRESS	1505 NW 80th Ave	
5.4 CITY - ST - ZIP	Margate, FL 33063	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **7/22/95** (305) 426-1500
 Signature and typed or printed name of signing officer or director

CR2E037 (3/95)