

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90359 030 ****61.25

DOCUMENT # 734095

1. Entity 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

2. Principal Place of Business

3. Mailing Address

10034 W McNab Rd

10034 W McNab Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMARAC, FL

TAMARAC, FL

Zip

Country

Zip

Country

33321

33321

4. FEI Number

59-1724549

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, CHERYL J
 COURTYARD BUSINESS CENTER
 4694 NW 103RD AVENUE
 SUNRISE FL 33351-7970

Name: James R. Miles
 Street Address (P.O. Box Number is Not Acceptable): 10034 W McNab Rd
 City: TAMARAC, FL Zip Code: 33321

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
2VPD	AGUSTO, DANIEL	8091 NW 13TH ST #140	MARGATE FL	<input checked="" type="checkbox"/>
SD	DUPONT, RICHARD	1523 NW 80TH AVE # 23H	MARGATE FL 33063	<input checked="" type="checkbox"/>
PD	GLASSNER, SHELDON	1533 NW 80 AVE	MARGATE FL 33063	<input type="checkbox"/>
VPD	TESKE, STUART	1415 NW 80TH AVE # 15C	MARGATE FL 33063	<input checked="" type="checkbox"/>
D	DILLOW, NAYNAH	8091 NW 13 ST 14-B	MARGATE FL 33063	<input checked="" type="checkbox"/>
TD	PERSAD, ELIZABETH	1401 NW 80TH AVE	MARGATE FL 33063	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Jim Bowyer	10034 W McNab Rd	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Pablo Mendez	10034 W McNab Rd	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SO	DAN Volin	10034 W McNab Rd	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TO	Laura Galeone	10034 W McNab Rd	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Sheldon GLASSNER	10034 W McNab Rd	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Shannon Brennan	10034 W McNab Rd	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)