

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734095

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE TOWNHOMES OF ORIOLE ASSOCIATION, INC.

Current Principal Place of Business:

10034 W MCNAB ROAD
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

10034 W MCNAB ROAD
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 59-1724549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILES, JAMES R
10034 W MCNABB ROAD
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEDANE, DEBORAH
Address: 10034 W MCNABB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: VD () Delete
Name: RUDOLPH, ILISSA
Address: 10034 W MCNABB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: DP () Delete
Name: GLASSNER, SHELDON
Address: 10034 W MCNABB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: RODRIGUEZ, MARGARITA
Address: 10034 W MCNABB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: TD (X) Delete
Name: SORRELL, DAMION
Address: 10034 W MCNABB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Delete
Name: VECCHIO, SAL
Address: 10034 W MCNABB ROAD
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOWYER, JIM
Address: 10034 W MCNABB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: SD (X) Change () Addition
Name: BANKS, IRENE
Address: 10034 W MCNABB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: TD (X) Change () Addition
Name: SORRELL, DAMION
Address: 10034 W MCNABB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change () Addition
Name: GUERRA, GUS
Address: 10034 W MCNABB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM BOWYER

PD

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date