

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **723811** (6)

1. Corporation Name
ORIOLE CONDOMINIUM ONE CLUB, INC.



Principal Place of Business Mailing Address
7777 GOLF CIRCLE DRIVE MARGATE FL 33063

3. Date Incorporated or Qualified **07/05/1972** 3a. Date of Last Report **02/13/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1572590	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEINREB, IRVING 7797 GOLF CIR DR APT 306 MARGATE FL 33063				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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]* (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINREB, IRVING			1.2 NAME			
STREET ADDRESS	7797 GOLF CIRCLE DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHER, ALBERT			2.2 NAME			
STREET ADDRESS	7837 GOLF CIR DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD Louis Lieberman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRICK, ROBERT			3.2 NAME	7827 Golf Circle DR		
STREET ADDRESS	7837 GOLF CIR DR			3.3 STREET ADDRESS	MARGATE, FL 33063		
CITY-ST-ZIP	MARGATE FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORACK, MARCIA			4.2 NAME			
STREET ADDRESS	7857 GOLF CIR DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERGER, RAE			5.2 NAME			
STREET ADDRESS	7837 GOLF CIR DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL			5.4 CITY-ST-ZIP			
TITLE	AT	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	AT Jerry Gould	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROSSMAN, LARRY			6.2 NAME	7857 Golf Circle Dr.		
STREET ADDRESS	7797 GOLF CIR DR			6.3 STREET ADDRESS	MARGATE, FL 33063		
CITY-ST-ZIP	MARGATE FL			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)(k), 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/9/96** DAY/PHONE #: **(954) 978-1955**

CR2E037 (12/95)