

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 7777 GOLF CIRCLE DRIVE MARGATE FL 33063	Mailing Address 7777 GOLF CIRCLE DRIVE MARGATE FL 33063
---	---

3. Date Incorporated or Qualified 07/05/1972	
4. FEI Number 59-1572590	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BERNEY, BERT
7847 GOLF CIRCLE DR.
APT 306
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WEINREB, IRVING
STREET ADDRESS	7797 GOLF CIRCLE DR
CITY-ST-ZIP	MARGATE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SCHER, ALBERT
STREET ADDRESS	7837 GOLF CIR DR
CITY-ST-ZIP	MARGATE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LIEBERMAN, LOUIS
STREET ADDRESS	7827 GOLF CIRCLE DR
CITY-ST-ZIP	MARGATE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BORACK, MARCIA
STREET ADDRESS	7857 GOLF CIR DR
CITY-ST-ZIP	MARGATE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BERGER, RAE
STREET ADDRESS	7837 GOLF CIR DR
CITY-ST-ZIP	MARGATE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BERNEY, BERT
STREET ADDRESS	7847 GOLF CIRCLE DR.
CITY-ST-ZIP	MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AT
1.3 STREET ADDRESS	Brina Hurwitz
1.4 CITY-ST-ZIP	7847 Golf Circle Drive Margate, FL 33063
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 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: *Sandra B. Mortham* 3/10/98 9:54 978-1955

CR2E037 (10/97)