

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90130 027 \*\*\*\*61.25

**DOCUMENT # 723811**

1. Entity Name

**ORIOLE CONDOMINIUM ONE CLUB, INC.**

Principal Place of Business

Mailing Address

7777 GOLF CIRCLE DRIVE  
 MARGATE FL 33063

7777 GOLF CIRCLE DRIVE  
 MARGATE FL 33063

29967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1572590

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BERNEY, BERT**  
 7847 GOLF CIRCLE DR.  
 APT 308  
 MARGATE FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**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	VPD	<input checked="" type="checkbox"/> Delete
NAME	WEINREB, IRVING	
STREET ADDRESS	7797 GOLF CIRCLE DR	
CITY-ST-ZIP	MARGATE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HESS, LLYN	
STREET ADDRESS	7897 GOLF CIRCLE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33063	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HURWITZ, BRINA	
STREET ADDRESS	7847 GOLF CIRCLE DR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SD	<input checked="" 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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONY Duque	
STREET ADDRESS	7847 GOLF CIRCLE DR.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonard Hertzfeld	
STREET ADDRESS	7847 GOLF CIRCLE DR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula Radin	
STREET ADDRESS	7787 GOLF CIRCLE DR	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSALIE Duque	
STREET ADDRESS	7797 GOLF CIRCLE DR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evelyn Mc Martin	
STREET ADDRESS	7837 GOLF CIRCLE DR	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED*

3/22/02

954-975-6816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)