
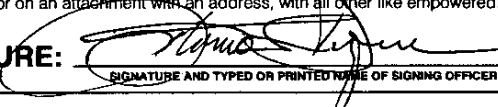


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90294 012 \*\*\*\*61.25

<b>DOCUMENT # 723811</b>						
1. Entity 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			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
4. FEI Number 59-1572590				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$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 306 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERNEY, BERT		NAME			
STREET ADDRESS	7847 GOLF CIR. DR.		STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HURWITZ, BRINA		NAME	SEVELOVITZ, HERMAN		
STREET ADDRESS	7847 GOLF CIR. DRIVE		STREET ADDRESS	7797 GOLF CIRCLE DR		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	MARGATE, FL 33063		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINREB, IRVING		NAME			
STREET ADDRESS	7827 GOLF CIR. DR.		STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUQUE, ROSALIE		NAME			
STREET ADDRESS	7797 GOLF CIR. DR.		STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUQUE, ANTONIO		NAME			
STREET ADDRESS	7847 GOLF CIRCLE DRIVE		STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	DAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	NATHAN SCHWEIDER		
STREET ADDRESS			STREET ADDRESS	7797 GOLF CIRCLE DR.		
CITY-ST-ZIP			CITY-ST-ZIP	MARGATE, FL 33063		
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: 			02-23-05		954-970-4257	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	