


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 723811 1. Entity Name ORIOLE CONDOMINIUM ONE CLUB, INC.	
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Principal Place of Business 7777 GOLF CIRCLE DRIVE MARGATE, FL 33063	Mailing Address 7777 GOLF CIRCLE DRIVE MARGATE, FL 33063
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED
07 NOV -7 PM 3:21
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10/25/07-0109641011-STATE, 25
TALLAHASSEE, FLORIDA

1011200 REINSTATEMENT (CR 6034 1/07) **07**



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Richard Drwm
 Street Address (P.O. Box Number is Not Acceptable): 7777 Golf Circle Drive
 City: Margate FL Zip Code: 33063

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: *Richard Drwm* 11/3/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
 After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DT	SMERLOCK, RAY <input checked="" type="checkbox"/> Delete	TITLE treasurer	Christ Mimalett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7817 GOLF CIR. DR. #312	NAME	7787 Half Circle Drive # 312
STREET ADDRESS	MARGATE, FL 33063	STREET ADDRESS	Margate, FL 33063
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	v.p. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVELOVITZ, HERMAN	NAME	Charles Goldberg
STREET ADDRESS	7787 GOLF CIRCLE DR	STREET ADDRESS	7877 Half Circle Drive #210
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	Margate, FL 33063
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUQUE, ROSALIE	NAME	Jane Lane
STREET ADDRESS	7797 GOLF CIR. DR.	STREET ADDRESS	7897 Half Circle Drive # 111
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	Margate, FL 33063
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUQUE, ANTONIO	NAME	Richard Drwm
STREET ADDRESS	7847 GOLF CIRCLE DRIVE	STREET ADDRESS	7787 Half Circle Drive
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	Margate, FL #203
TITLE	ATD <input checked="" type="checkbox"/> Delete	TITLE	<u>7/11/8</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, RICHARD	NAME	
STREET ADDRESS	778 GOLF CIR. DR. #203	STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Richard Drwm* 11/3/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #