

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90082 009 \*\*\*\*61.25

**DOCUMENT # 723811**



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

4. FEI Number **59-1572590**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**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 BERT BERNEY Bert Berney 4/28/03  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUQUE, TONY	
STREET ADDRESS	7847 GOLF CIR. DR.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HERTZFIELD, LEONARD	
STREET ADDRESS	7847 GOLF CIR. DRIVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	RADIN, PAULA	
STREET ADDRESS	7787 GOLD CIR. DR.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUQUE, ROSALIE	
STREET ADDRESS	7797 GOLF CIR. DR.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	MCMARTIN, EVELYN	
STREET ADDRESS	7837 GOLF CIR. DR.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D.T BERT BERNEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7847 GOLF CIRCLE DRIVE	
STREET ADDRESS	MARGATE, FL. 33063	
CITY-ST-ZIP		
TITLE	VPD BRINA HURWITZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7847 GOLF CIRCLE DR	
STREET ADDRESS	MARGATE, FL. 33063	
CITY-ST-ZIP		
TITLE	VPD IRVING WEINREB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7827 GOLF CIRCLE DR	
STREET ADDRESS	MARGATE, FL. 33063	
CITY-ST-ZIP		
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: Bert Berney **REQUIRED BERT BERNEY** 4/28/03 954-978-1955

CR2E037 (10/02)