FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728024 (1)

1. Corporation Name

ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE HASSOC IATION, INC.

Principal Place of Business	Mailing Address
7807 GOLF CIRCLE DRIVE MARGATE FL 33063	7807 GOLF CIRCLE DRIVE MARGATE FL 33063

3. Date Incorporated or Qualified: 11/14/1973
3a. Date of Last Report: 03/15/1995

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

4. FEI Number: 59-1529227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LERMAN, MARTIN
7807 GOLF CIRCLE DR
APT. 305
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 FL 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 (Signature, typed or printed name of Registered Agent and date required.) (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP TREASURER (D)	☐ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	GOLDSTEIN, SYLVIA		1.2 NAME	JACK WEINSTEIN (D)	
STREET ADDRESS	7807 GOLF CIRCLE DR., #H110		1.3 STREET ADDRESS	7807 GOLF CIRCLE DR H #305	
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	D	☑ DELETE	2.1 TITLE	S	☐ Change ☐ Addition
NAME	FAGEN, ABE		2.2 NAME	JEAN NAIDOFF (D)	
STREET ADDRESS	7807 GOLF CIRCLE DR #H106		2.3 STREET ADDRESS	7807 GOLF CIRCLE DR. H203	
CITY-ST-ZIP	MARGATE, FLORIDA 00000		2.4 CITY-ST-ZIP	MARGATE-FLA. 33063 - SECRETARY	
TITLE	PD VICE PRESIDENT	☐ DELETE	3.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	LERMAN, MARTIN (D)		3.2 NAME	LERMAN-MARTIN. 301	
STREET ADDRESS	7807 GOLF CIRCLE DR #H301		3.3 STREET ADDRESS	7807 GOLF CIRCLE DR. (D)	
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP	MARGATE-FLA. 33063	
TITLE	PRESIDENT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JACK WEINSTEIN-APT 305 (D)		4.2 NAME	000001771840	
STREET ADDRESS	7807 GOLF CIRCLE DRIVE		4.3 STREET ADDRESS	-04/08/96--01023--013	
CITY-ST-ZIP	MARGATE, FLA. 33063		4.4 CITY-ST-ZIP	***61.25	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jack Weinstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96
Date

971.7149
Daytime Phone #

SC-41-6-96