

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90045 020 ****61.25

DOCUMENT # 728024

1. Entity Name

ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE HASSOC

Principal Place of Business

Mailing Address

7807 GOLF CIRCLE DRIVE
 MARGATE FL 33063

7807 GOLF CIRCLE DRIVE
 MARGATE FL 33063-7352

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1529227

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WEINSTEIN, JACK~~
~~7807 GOLF CIRCLE DR~~
~~APT. 305~~
~~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 *Sylvia K. Goedstein*

1-20-2000

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 | VP | <input type="checkbox"/> Delete |
| NAME | GOLDSTEIN, SYLVIA | |
| STREET ADDRESS | 7807 GOLF CIRCLE DR., #H110 | |
| CITY-ST-ZIP | MARGATE FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | NAIDOFF, JEAN | |
| STREET ADDRESS | 7807 GOLF CIRCLE DR #H203 | |
| CITY-ST-ZIP | MARGATE FL 33063 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | WEINSTEIN, JACK | |
| STREET ADDRESS | 7807 GOLF CIRCLE DR | |
| CITY-ST-ZIP | MARGATE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Martha Duval</i> | |
| STREET ADDRESS | <i>7807 Golf Circle Dr</i> | |
| CITY-ST-ZIP | <i>Margate FL 33063</i> | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Demartin Rermon</i> | |
| STREET ADDRESS | <i>7807 Golf Circle Dr</i> | |
| CITY-ST-ZIP | <i>Margate FL 33063</i> | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>D-Phyllis Casalew</i> | |
| STREET ADDRESS | <i>7807 Golf Circle Dr</i> | |
| CITY-ST-ZIP | <i>Margate FL 33063</i> | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Peggy Bergeron</i> | |
| STREET ADDRESS | <i>7807 Golf Circle Dr</i> | |
| CITY-ST-ZIP | <i>Margate FL 33063</i> | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Michel Piche</i> | |
| STREET ADDRESS | <i>7807 Golf Circle Dr</i> | |
| CITY-ST-ZIP | <i>Margate FL 33063</i> | |
| 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: *Sylvia K. Goedstein*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000
 DATE DAYTIME PHONE #

CR2E037 (9/99)