


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90287 029 \*\*\*\*61.25

**DOCUMENT # 728024**

1. Entity Name  
**ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE HASSOCIATION, INC.**




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



MOORE CR2E037 (11/03)

4. FEI Number **59-1529227**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DUVALL, MARTHA**  
**7807 GOLF CIRCLE DR**  
**APT. 101**  
**MARGATE FL 33063**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, SYLVIA	
STREET ADDRESS	7807 GOLF CIRCLE DRIVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DUVAL, MARTHA	
STREET ADDRESS	7807 GOLF CIRCLE DR H-101	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HERSIH, BEVERLY	
STREET ADDRESS	7807 GOLF CIRCLE DRIVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERESON, GUY	
STREET ADDRESS	7807 GOLF CIRCLE DRIVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CANO, ROSE MARIE	
STREET ADDRESS	7807 GOLF CIRCLE DR H-302	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	LERMAN, MARTIN	
STREET ADDRESS	7807 GOLF CIRCLE DR H-301	
CITY-ST-ZIP	MARGATE FL 33063	

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

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANO, ROSE MARIE	
STREET ADDRESS	7807 GOLF CIRCLE DR. # 302	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	J.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, SYLVIA	
STREET ADDRESS	7807 GOLF CIRCLE DR. #110	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSIH, BEVERLY	
STREET ADDRESS	7807 GOLF CIRCLE DR. #205	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVAL, MARTHA	
STREET ADDRESS	7807 GOLF CIRCLE DR. # 101	
CITY-ST-ZIP	MARGATE, FLA. 33063	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERESON, GUY	
STREET ADDRESS	7807 GOLF CIRCLE DR. # 204	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERMAN, MARTIN	
STREET ADDRESS	7807 GOLF CIRCLE DR. # 301	
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: SYLVIA R. GOLDSTEIN**      **SYLVIA GOLDSTEIN**      **3-23-04 (954) 972-1296**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Attachment

D-20  
CASALARO, PHYLLIS  
7807 GOLF CIRCLE DR. #207  
MARGATE, FL. 33063

ORIOLE CONDO ONE CLUB  
777 GOLF CIRCLE DRIVE  
MARGATE, FLORIDA 33063

Pg. #2

54044272

BLDG H

#728024