


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

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90149 017 ****61.25

DOCUMENT # 728024

1. Entity Name
**ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE HASSOC
IATION, 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 Zip Country Country

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

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



CHECK HERE IF MAKING CHANGES

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 Pres. Martha Duval 5/5/03
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDSTEIN, SYLVIA 7807 GOLF CIRCLE DRIVE MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMEL, GEORGER V 7807 GOLF CIRCLE DRIVE MARGATE FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSH, BEVERLY 7807 GOLF CIRCLE DRIVE MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERESON, GUY H-204 7807 GOLF CIRCLE DRIVE MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SYLVIA GOLDSTEIN (SAME)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREASURER MARTHA DUVALL 7807 GOLF CIRCLE DRIVE H-101 MARGATE, FL. 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECRETARY BEVERLY HRSCH (SAME)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRECTOR GUY BERGERON (SAME)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT ROSE MARIE CANO 7807 GOLF CIRCLE DRIVE H-302 MARGATE, FL. 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARTIN LERMAN 7807 GOLF CIRCLE DRIVE H-301 MARGATE, FL. 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Martha Duval MARTHA DUVALL 5/5/03 954-978-1955

CR2E037 (10/02)