

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:48

DOCUMENT # 728789 (9)

1. Corporation Name
**ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE B ASSO
CIATION, INC.**

Principal Place of Business Mailing Address
7867 GOLF CIRCLE DRIVE MARGATE FL 33063
7867 GOLF CIRCLE DRIVE MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/11/1974
3a. Date of Last Report 04/26/1994

4. FEI Number 59-1529233
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINE, HARRY
7867 GOLF CIRCLE DR.
MARGATE FL 33063

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FINE, HARRY
STREET ADDRESS 7867 GOLF CIRCLE DR.
CITY - ST - ZIP MARGATE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD
NAME BROWNHEADER, JOSEPH
STREET ADDRESS 7867 GOLF CIRCLE DR.
CITY - ST - ZIP MARGATE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE SD
NAME WOLFSON, EDWARD
STREET ADDRESS 7867 GOLF CIRCLE DR.
CITY - ST - ZIP MARGATE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE Y
NAME MANHEIM, JEAN
STREET ADDRESS 7867 GOLF CIRCLE DR.
CITY - ST - ZIP MARGATE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D
NAME WOLFSON, EDWARD
STREET ADDRESS 7867 GOLF CIRCLE DR.
CITY - ST - ZIP MARGATE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D
NAME EISENBERG, NAT
STREET ADDRESS 7867 GOLF CIRCLE DR.
CITY - ST - ZIP MARGATE FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JEAN MANHEIM *Jean Manheim* 2/10/95 (305) 972-3658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Typed Name)