

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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 33063-7358

3. Date Incorporated or Qualified

02/11/1974

3a. Date of Last Report

02/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1529233

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

~~FINE, HARRY~~  
7867 GOLF CIRCLE DR.  
MARGATE FL 33063

81 Name

Albert Boyar

82 Street Address (P.O. Box Number is Not Acceptable)

7867 Golf Circle Drive

83

Margate, FL 33063

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

*Albert Boyar* ALBERT J. BOYAR 1/21/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE PD  Change  Addition  
1.2 NAME ALBERT BOYAR  
1.3 STREET ADDRESS 7867 Golf Circle Dr  
1.4 CITY-ST-ZIP Margate, FL

TITLE VD  DELETE  
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  DELETE  
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 T  DELETE  
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  DELETE  
NAME ~~WOLFSON, EDWARD~~  
STREET ADDRESS 7867 GOLF CIRCLE DR.  
CITY-ST-ZIP MARGATE FL

5.1 TITLE Director  Change  Addition  
5.2 NAME Herman Rader  
5.3 STREET ADDRESS 7867 Golf Circle Dr  
5.4 CITY-ST-ZIP Margate, FL

TITLE D  DELETE  
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 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:

*Albert Boyar* ALBERT J. BOYAR 1/21/97 971-2614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 905411

CR2E037 (9/96)