

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 728789 (9)**  
1. Corporation Name  
**ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE B ASSO CIATION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>7867 GOLF CIRCLE DRIVE<br/>MARGATE FL 33063</b> | Mailing Address<br><b>7867 GOLF CIRCLE DRIVE<br/>MARGATE FL 33063</b> |
|---|---|

3. Date Incorporated or Qualified  
**02/11/1974**

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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                         | 28 Country             |
| 24                             | 25                     |
| 29                             | 30                     |

9. Name and Address of Current Registered Agent

**ALBERT BOYAR  
7867 GOLF CIRCLE DR.  
MARGATE FL 33063**

10. Name and Address of New Registered Agent

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <del>SD</del> PRESIDENT <input type="checkbox"/> DELETE                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALBERT BOYAR   | 1.2 NAME  |   |
| STREET ADDRESS             | 7867 GOLF CIRCLE DR.   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MARGATE FL   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <del>BROWNHEADER, JOSEPH</del> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <del>BROWNHEADER, JOSEPH</del>   | 2.2 NAME  |   |
| STREET ADDRESS             | <del>7867 GOLF CIRCLE DR.</del>  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <del>MARGATE FL</del>  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <del>SD</del> SD <input type="checkbox"/> DELETE                             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WOLFSON, EDWARD  | 3.2 NAME  |   |
| STREET ADDRESS             | 7867 GOLF CIRCLE DR.   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MARGATE FL   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <del>DX</del> D <input type="checkbox"/> DELETE                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MANHEIM, JEAN  | 4.2 NAME  |   |
| STREET ADDRESS             | 7867 GOLF CIRCLE DR.   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MARGATE FL   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <del>DX</del> VP D <input type="checkbox"/> DELETE                           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HERMAN RAIDER  | 5.2 NAME  |   |
| STREET ADDRESS             | 7867 GOLF CIRCLE DR  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MARGATE FL   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <del>DX</del> T <input type="checkbox"/> DELETE                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EISENBERG, NAT   | 6.2 NAME  |   |
| STREET ADDRESS             | 7867 GOLF CIRCLE DR.   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MARGATE FL   | 6.4 CITY-ST-ZIP                                       |   |

14. 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 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*

3/6/98 (204) 971-4459

CP2E037 (10/97)