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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728789

1. Corporation Name

ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE B ASSO CIATION, INC.

Principal Place of Business
7867 GOLF CIRCLE DRIVE
MARGATE FL 33063

Mailing Address
7867 GOLF CIRCLE DRIVE
MARGATE FL 33063



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/11/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1529233

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBERT BOYAR
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 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 617.0603, Florida Statutes.

SIGNATURE: *Herman Raider*

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: P DELETE
NAME: ~~ALBERT BOYAR~~
STREET ADDRESS: 7867 GOLF CIRCLE DR.
CITY-ST-ZIP: MARGATE FL

1.1 TITLE: Change Addition
1.2 NAME: ~~ALBERT BOYAR~~
1.3 STREET ADDRESS: ~~7867 GOLF CIRCLE DR.~~
1.4 CITY-ST-ZIP: ~~MARGATE FL~~

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

2.1 TITLE: Change Addition
2.2 NAME: ~~EDWARD WOLFSON~~
2.3 STREET ADDRESS: ~~7867 GOLF CIRCLE DR.~~
2.4 CITY-ST-ZIP: ~~MARGATE FL~~

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

3.1 TITLE: Change Addition
3.2 NAME: ~~JEAN MANHEIM~~
3.3 STREET ADDRESS: ~~7867 GOLF CIRCLE DR.~~
3.4 CITY-ST-ZIP: ~~MARGATE FL~~

TITLE: *President* DELETE
NAME: HERMAN RAIDER
STREET ADDRESS: 7867 GOLF CIRCLE DR.
CITY-ST-ZIP: MARGATE FL

4.1 TITLE: Change Addition
4.2 NAME: ~~HERMAN RAIDER~~
4.3 STREET ADDRESS: ~~7867 GOLF CIRCLE DR.~~
4.4 CITY-ST-ZIP: ~~MARGATE FL~~

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

5.1 TITLE: Change Addition
5.2 NAME: ~~NAT EISENBERG~~
5.3 STREET ADDRESS: ~~7867 GOLF CIRCLE DR.~~
5.4 CITY-ST-ZIP: ~~MARGATE FL~~

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)