

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90010 033 ****61.25

DOCUMENT # 728789

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1529233

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDMAN, DON
7867 GOLF CIRCLE DR.
MARGATE FL 33063

Name

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

City

FL

Zip Code

33063

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.

SIGNATURE

Nathan Eisenberg

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	WOLFSON, EDWARD	
STREET ADDRESS	7867 GOLF CIRCLE DR.	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALPRIN, ANNE	
STREET ADDRESS	7867 GOLF CIRCLE DRIVE	
CITY-ST-ZIP	MARGATE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FILDMAN, DONALD	
STREET ADDRESS	7867 GOLF CIRCLE DR	
CITY-ST-ZIP	MARGATE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	EISENBERG, NAT	
STREET ADDRESS	7867 GOLF CIRCLE DR.	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

Nathan Eisenberg

CR2E037 (9/01)