

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90292 029 ****61.25



DOCUMENT # 728789

1. Entity Name
**ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE B
ASSOCIATION, INC.**

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



MOORE CR2E037 (11/03)

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

**EISENBERG, NATHAN
7867 GOLF CIRCLE DRIVE
MARGATE FL 33063**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 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
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WOLFSON, EDWARD 7867 GOLF CIRCLE DR. MARGATE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALPRIN, ANNE 7867 GOLF CIRCLE DRIVE MARGATE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EISENBERG, NAT 7867 GOLF CIRCLE DR. MARGATE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAIDER, HERMAN 7867 GOLF CIRCLE DR. MARGATE FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D EVELYN GISONDI 7867 GOLF CIRCLE DR. #209 MARGATE, FL. 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/P ONE MARY S. WILLIAMS 7867 GOLF CIRCLE DRIVE #203 MARGATE, FL. 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TREASURER MILLIE STRACUZZI 7867 GOLF CIRCLE DR #212. MARGATE, FL. 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERBERT ULLMAN 7867 GOLF CIRCLE DR #101 MARGATE, FL. 33063	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P./D 2ND ROBERT KOLE 7867 GOLF CIRCLE DR #306 MARGATE, F. 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAROLD SUTKER 7867 GOLF CIRCLE DRIVE #305 MARGATE) FL. 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Herb Ullman HERBERT ULLMAN 4/26/04 954-979 1793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Oriole Condominium One Club, Inc.

2004

ANNUAL REPORT

7777 Golf Circle Drive
Margate, Florida 33063
Tel: (954) 978-1955
Fax: (954) 975-9626

BLDG. B

TITLE : DIRECTOR
NAME : FRANK YURCZYSZYN
ADDRESS : 7867 GOLF CIRCLE DRIVE # 307
MARGATE, FL. 33063

TITLE : DIRECTOR
NAME : JOHN BERGER
ADDRESS : 7867 GOLF CIRCLE DRIVE # 310
MARGATE, FL. 33063