


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90315 002 ****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 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

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

EISENBERG, NATHAN
7867 GOLF CIRCLE DRIVE
MARGATE FL 33063

7. Name and Address of New Registered Agent

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 **NATHAN EISENBERG - Treasurer** **Nathan Eisenberg** **4-24-03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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	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"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERMAN RAIDER	
STREET ADDRESS	7867 GOLF CIRCLE DRIVE	
CITY - ST - ZIP	MARGATE, FL. 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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: **Nathan Eisenberg** **NATHAN EISENBERG** **4/24/03** **954-978-1955**

CR2E037 (10/02)