

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 725385 (9)

1. Corporation Name

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

Principal Place of Business

**7847 GOLF CIRCLE DR.
MARGATE FL 33063**

Mailing Address

**7847 GOLF CIRCLE DR.
MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1973

3a. Date of Last Report

04/29/1994

4. FEI Number

50-1529231

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

27. City & State

28

Zip

Country

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BERNEY, BERT
7847 GOLF CIR 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 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERNEY, BERT
STREET ADDRESS	7847 GOLF CIR
CITY - ST - ZIP	MARGATE FL
TITLE	V
NAME	SILVER, HARRY
STREET ADDRESS	7847 GOLF CIR. DR.
CITY - ST - ZIP	MARGATE FL
TITLE	ST
NAME	HOFFMAN, OSCAR E
STREET ADDRESS	7847 GOLF CIR. DR.
CITY - ST - ZIP	MARGATE FL
TITLE	D
NAME	GOLDSTEIN, SIDNEY
STREET ADDRESS	7847 GOLF CIR. DR.
CITY - ST - ZIP	MARGATE FL
TITLE	D
NAME	RUSS, HY
STREET ADDRESS	7847 GOLF CIR.
CITY - ST - ZIP	MARGATE FL
TITLE	D
NAME	OAKNES, HIRSH
STREET ADDRESS	7847 GOLF CIR. DR
CITY - ST - ZIP	MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BERT BERNEY - Bert Berny 4/1/95. 305-975-6816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #