

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 723811

1. Entity Name
ORIOLE CONDOMINIUM ONE CLUB, INC.



Principal Place of Business
7777 GOLF CIRCLE DRIVE
MARGATE, FL 33063

Mailing Address
7777 GOLF CIRCLE DRIVE
MARGATE, FL 33063

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BERNEY, BERT
7847 GOLF CIRCLE DR.
APT 306
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name Richard Irwin
Street Address (P.O. Box Number is Not Acceptable)
7777 Golf Circle Drive
City Margate 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard Irwin
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

11/3/2007
DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SMERLOCK, RAY	
STREET ADDRESS	7817 GOLF CIR. DR. #312	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SEVELOVITZ, HERMAN	
STREET ADDRESS	7787 GOLF CIRCLE DR	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUQUE, ROSALIE	
STREET ADDRESS	7797 GOLF CIR. DR.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DUQUE, ANTONIO	
STREET ADDRESS	7847 GOLF CIRCLE DRIVE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	IRWIN, RICHARD	
STREET ADDRESS	778 GOLF CIR. DR. #203	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christ Mimalett	
STREET ADDRESS	7787 Golf Circle Drive #312	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Goldberg	
STREET ADDRESS	7877 Golf Circle Drive #210	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane Lane	
STREET ADDRESS	7897 Golf Circle Drive #111	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Irwin	
STREET ADDRESS	7787 Golf Circle Drive	
CITY-ST-ZIP	Margate, FL #203	
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 exemptions contained in Chapter 119, 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:

Richard Irwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

FILED

07 NOV -7 PM 3:21

000111358860
10/25/07-819464101-STATE, 25
TALLAHASSEE, FLORIDA



1011200 REINSTATEMENT (CH 609.1107) 67

4. FEI Number
59-1572590

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required