

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:07

DOCUMENT # **724911** (3)

1. Corporation Name  
**ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE J ASSO  
CIATION, INC.**

Principal Place of Business Mailing Address  
**7797 GOLF CIRCLE DRIVE MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/01/1972</b>	3a. Date of Last Report <b>01/25/1994</b>
4. FEI Number <b>59-1529226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

9. Name and Address of Current Registered Agent  
**KERSH, JACK  
7797 GOLF CIRCLE DRIVE  
MARGATE FL 33063**

10. Name and Address of New Registered Agent  
81 Name **LARRY GROSSMAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7797 GOLF CIRCLE DRIVE**  
83  
84 City **MARGATE FL** 85 Zip Code **33063**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: *Lawrence N. Grossman* DATE: **2/16/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERSH, JACK 7797 GOLF CIRCLE DRIVE MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLOVES, ELAINE 7797 GOLF CIRCLE DRIVE MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAUPTMAN, EVELYN 7797 GOLF CIRCLE DRIVE MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD WEINREB, IRVING 7797 GOLF CIRCLE DRIVE MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT DIRECTOR</b> <b>LARRY GROSSMAN</b> <b>7797 GOLF CIRCLE DRIVE</b> <b>MARGATE, FL 33063</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Treasurer - Director</b> <b>Rae Sussman</b> <b>7797 GOLF CIRCLE DRIVE</b> <b>MARGATE FL 33063</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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 recorder 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 addressee.

SIGNATURE: *Lawrence N. Grossman* **LAWRENCE N. GROSSMAN** **2/16/95**  
Signature and typed or printed name of signing officer or director