

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724988 (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

C ASSOCIATION, INC.
7857 GOLF CIRCLE DR.
MARGATE FL 33063

C ASSOCIATION, INC.
7857 GOLF CIRCLE DR.
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1972

3a. Date of Last Report

03/29/1994

4. FBI Number

59-1529232

Applied For

Not Applicable

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. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORACK, MARCIA
7857 GOLF CIRCLE DR
C-208
MARGATE FL 33063

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 607.1508, 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

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	PTD
NAME	BORACK, MARCIA
STREET ADDRESS	7857 GOLF CIR.DR.
CITY - ST - ZIP	MARGATE, FL 00000
TITLE	PD
NAME	SERAPIGLIA, MORRIS
STREET ADDRESS	7857 GOLF CIR, DR
CITY - ST - ZIP	MARGATE, FL 00000
TITLE	PD
NAME	DE FABIO, VINCENT
STREET ADDRESS	7857 GOLF CIR.DR.
CITY - ST - ZIP	MARGATE, FL 00000
TITLE	D
NAME	XXXXXXXX
STREET ADDRESS	7857 GOLF CIRCLE DR.
CITY - ST - ZIP	MARGATE FL
TITLE	DS
NAME	REFRIGIER, ADRIENNE
STREET ADDRESS	7857 GOLF CIR, DR
CITY - ST - ZIP	MARGATE, FL 00000
TITLE	D/S
NAME	DORIS CHAPMAN
STREET ADDRESS	7857 GOLF CIRCLE DR.
CITY - ST - ZIP	MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	JOSEPH SILVERBERG
1.4 CITY - ST - ZIP	7857 GOLF CIRCLE DR.
2.1 TITLE	MARGATE, FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	JOSEPH TRIGER /7857 GOLF CIR. DR.
2.4 CITY - ST - ZIP	MARGATE, FL.
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GISELE CHOUKRANE
3.3 STREET ADDRESS	7857 GOLF CIRCLE DR.
3.4 CITY - ST - ZIP	MARGATE, FL.
4.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RAY MATIAS
4.3 STREET ADDRESS	7857 GOLF CIRCLE DR.
4.4 CITY - ST - ZIP	MARGATE, FL.
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(3)(d), 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: Marcia Borack MARCIA BORACK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95 305
975-0410

Date

Daytime Phone