

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 724988
1. Corporation Name

ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE C ASSOCIATION, IND.

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

3. Date Incorporated or Qualified 12/13/72	3a. Date of Last Report 4/15/95
4. FEI Number 59-1529232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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	29
25	30

9. Name and Address of Current Registered Agent

**BORACK, MARCIA
7857 GOLF CIRCLE DRIVE C208
MARGATE, FL. 33063**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BORACK, MARCIA	
STREET ADDRESS	7857 GOLF CIRCLE DR.	
CITY - ST - ZIP	MARGATE, FL. 33063	<input type="checkbox"/> DELETE
TITLE	VD	
NAME	KOKOT, LILLIAN	
STREET ADDRESS	7857 GOLF CIRCLE DR.	
CITY - ST - ZIP	MARGATE, FL. 33063	<input type="checkbox"/> DELETE
TITLE	SD	
NAME	MARGE WARNER	
STREET ADDRESS	7857 GOLF CIRCLE DR.	
CITY - ST - ZIP	MARGATE, FL. 33063	<input type="checkbox"/> DELETE
TITLE	TD	
NAME	GOULD, JERRY	
STREET ADDRESS	7857 GOLF CIRCLE DR.	
CITY - ST - ZIP	MARGATE, FL. 33063	<input type="checkbox"/> DELETE
TITLE	D	
NAME	MATIAS, RAY	
STREET ADDRESS	7857 GOLF CIRCLE DR.	
CITY - ST - ZIP	MARGATE, FL. 33063	<input type="checkbox"/> DELETE
TITLE	D	
NAME	GOLDSTEIN, FRANCES	
STREET ADDRESS	7857 GOLF CIRCLE DR.	
CITY - ST - ZIP	MARGATE, FL. 33063	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEVY, JOSEPH	
1.3 STREET ADDRESS	7857 GOLF CIRCLE DR.	
1.4 CITY - ST - ZIP	MARGATE, FL. 33063	<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME	500001782735	
4.3 STREET ADDRESS	-04/16/96--01124--023	
4.4 CITY - ST - ZIP	***61.25	<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 119.07(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 617, 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* Date: **4/6/96** Daytime Phone #: **975-0410**

CR2E037 (12/95)