

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
~~1996~~ 1997



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

FILED

97 APR 30 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724988

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

1. Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
C ASSOCIATION, INC. 7857 GOLF CIRCLE DR. MARGATE, FL. 33063		C ASSOCIATION, INC. 7857 GOLF CIRCLE DR. MARGATE, FL. 33063		12/13/72	4/15/95
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable		
	26	59-1529232			
21. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	6. Certificate of Status Desired	\$8.75 Additional Fee Required		
		<input type="checkbox"/>			
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
		<input type="checkbox"/>			
23. Country	28. Zip	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country	29. Zip				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BORACK, MARCIA 7857 GOLF CIRCLE DRIVE C208 MARGATE, FL. 33063		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 600002164686--0 -05/02/97--0114B--006 84 City *****61.25 FL	

I, the undersigned, in accordance with the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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
Signature typed or printed name of registered agent and title if applicable				
12. OFFICERS AND DIRECTORS				
1. NAME	2. ADDRESS	3. CITY-ST-ZIP	<input type="checkbox"/> DELETE	
PD	BORACK, MARCIA	7857 GOLF CIRCLE DR.		
	MARGATE, FL.	33063	<input type="checkbox"/> DELETE	
4. NAME	5. ADDRESS	6. CITY-ST-ZIP	<input type="checkbox"/> DELETE	
VD	KOKOT, LILLIAN	7857 GOLF CIRCLE DR.		
	MARGATE, FL.	33063	<input type="checkbox"/> DELETE	
7. NAME	8. ADDRESS	9. CITY-ST-ZIP	<input type="checkbox"/> DELETE	
SD	MARGE WARNER	7857 GOLF CIRCLE DR.		
	MARGATE, FL.	33063	<input type="checkbox"/> DELETE	
10. NAME	11. ADDRESS	12. CITY-ST-ZIP	<input type="checkbox"/> DELETE	
TD	GOULD, JERRY	7857 GOLF CIRCLE DR.		
	MARGATE, FL.	33063	<input type="checkbox"/> DELETE	
13. NAME	14. ADDRESS	15. CITY-ST-ZIP	<input type="checkbox"/> DELETE	
D	MATIAS, RAY	7857 GOLF CIRCLE DR.		
	MARGATE, FL.	33063	<input type="checkbox"/> DELETE	
16. NAME	17. ADDRESS	18. CITY-ST-ZIP	<input type="checkbox"/> DELETE	
D	GOLDSTEIN, FRANCES	7857 GOLF CIRCLE DR.		
	MARGATE, FL.	33063	<input type="checkbox"/> DELETE	
19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	LEVY, JOSEPH	7857 GOLF CIRCLE DR.	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 checked="" type="checkbox"/> Addition
D	Shirley Kuller	7857 Golf Circle Dr.	Margate, FL. 33063	<input type="checkbox"/> Change <input checked="" 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
TD	GOULD, GEORGIA	7857 GOLF CIRCLE DR.	MARGATE, FL. 33063	<input 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

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: 4/25/97 (954) 975-0410