


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90239 046 ****61.25

DOCUMENT # 724988			
1. Entity Name ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE C ASSOCIATION, INC.			
Principal Place of Business C ASSOCIATION, INC. 7857 GOLF CIRCLE DR. MARGATE FL 33063		Mailing Address 7777 GOLF CIRCLE DRIVE MARGATE FL 33063	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

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. Name and Address of Current Registered Agent GOULD, GLORIA 7857 GOLF CIRCLE DR APT 111 MARGATE FL 33063		7. Name and Address of New Registered Agent Name SHIRLEY KULLER Street Address (P.O. Box Number is Not Acceptable) 7857 GOLF CIRCLE DR. APT. 112 City MARGATE FL Zip Code 33063	
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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 *Shirley Kuller* **SHIRLEY KULLER** 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: KULLER, SHIRLEY STREET ADDRESS: 7857 GOLF CIR.DR. #112 CITY-ST-ZIP: MARGATE FL 33063	<input type="checkbox"/> Delete	TITLE: T/D NAME: SHIRLEY KULLER STREET ADDRESS: 7857 GOLF CIRCLE DR. MARGATE, FL. 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: WARNER, MARGARET STREET ADDRESS: 7857 GOLF CIRCLE DR. #312 CITY-ST-ZIP: MARGATE FL 33063	<input type="checkbox"/> Delete	TITLE: D/V.P. NAME: MARGARET WARNER STREET ADDRESS: 7857 GOLF CIRCLE DRIVE MARGATE, FL. 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: GOULD, GLORIA STREET ADDRESS: 7857 GOLF CIRCLE DR. #111 CITY-ST-ZIP: MARGATE FL 33063	<input checked="" type="checkbox"/> Delete	TITLE: S/D NAME: ADRIENNE BERNSTEIN STREET ADDRESS: 7857 GOLF CIRCLE DR. # 307 CITY-ST-ZIP: MARGATE, FL 33063	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: RENY, MARCEL STREET ADDRESS: 7857 GOLF CIRCLE DR. #203 CITY-ST-ZIP: MARGATE FL 33063	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: RESIDENT ELAINE C. BOBBI STREET ADDRESS: 7857 GOLF CIRCLE DR. #309 CITY-ST-ZIP: MARGATE, FL 33063	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SEGARRA, ARMANDO STREET ADDRESS: 7857 GOLF CIRCLE DR. #311 CITY-ST-ZIP: MARGATE FL 33063	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PEET, ROBERT STREET ADDRESS: 7857 GOLF CIRCLE DRIVE CITY-ST-ZIP: MARGATE FL 33063	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Margaret Warner* **MARGARET WARNER** 954-928-1953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #