

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

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1. Entity Name <b>ORIOLE GOLF &amp; TENNIS CLUB CONDOMINIUM E ASSOCIATION INC</b>				<b>Secretary of State</b> 04-01-2005 90015 008 ****61.25	
Principal Place of Business 7837 GOLF CIRCLE DRIVE MARGATE, FL 33063		Mailing Address 7837 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	4. FEI Number <b>59-1529230</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>SCHER, GLADYS</b> 7837 GOLF CIRCLE DRIVE MARGATE, FL 33063		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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  2/22/05 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COHEN, LOUISE 7837 GOLF CIRCLE DR, APT 311-E MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINSEY, SILVIA 7837 GOLF CIRCLE DR E303 MARGATE, FL 33063	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Raymond Weber 7837 Golf Circle Dr 304 Margate FL 33063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEIN, HARRIET 7837 GOLF CIRCLE DR APT 305 MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERMAN, VIRGINIA 7837 GOLF CIRCLE DR 205 MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VIRGINIA WASSERMAN 7837 GOLF CIRCLE DRIVE MARGATE, FL 33063 APT 205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHER, GLADYS 7837 GOLF CIRCLE DR E203 POMPANO BEACH, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  2/22/05					