


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90294 015 \*\*\*\*61.25

<b>DOCUMENT # 728789</b>					
1. Entity Name <b>ORIOLE GOLF &amp; TENNIS CLUB CONDOMINIUM ONE B ASSOCIATION, INC.</b>					
Principal Place of Business 7867 GOLF CIRCLE DRIVE MARGATE, FL 33063			Mailing Address 7867 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>59-1529233</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EISENBERG, NATHAN 7867 GOLF CIRCLE DRIVE MARGATE, FL 33063			Name <b>MILLIE STRACUZZI</b> Street Address (P.O. Box Number is Not Acceptable) <b>7867 GOLF CIRCLE DR # 212</b> City <b>MARGATE</b> FL <b>33063</b>		
Millie Stracuzzi 7867 Golf Circle Dr. Margate FL 33063 B-212					
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 <i>Camela Stracuzzi (Millie)</i> Signature, typed or printed name of registered agent and title, if applicable.				DATE <b>3-17-05</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GISONDI, EVELYN		NAME		
STREET ADDRESS	7867 GOLF CIRCLE DR. #209		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, MARY S		NAME		
STREET ADDRESS	7867 GOLF CIRCLE DR. #203		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRACUZZI, MILLIE		NAME		
STREET ADDRESS	7867 GOLF CIRCLE DR. #212		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	<del>SECRETARY</del>	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>JOHN BERGER</del>		NAME	<b>VP JOHN BERGER</b>	
STREET ADDRESS	<del>7867 GOLF CIRCLE DR. #101</del>		STREET ADDRESS	<b>7867 GOLF CIRCLE DR # 310</b>	
CITY-ST-ZIP	<del>MARGATE FL 33063</del>		CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<del>VP</del>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOLE, ROBERT		NAME		
STREET ADDRESS	7867 GOLF CIRCLE DR. #306		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUTKER, HAROLD		NAME		
STREET ADDRESS	7867 GOLF CIRCLE DR. #305		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
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: <i>Robert D. Kole</i> <b>ROBERT D KOLE</b> <b>3/15/05</b> <b>9549472861</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					