


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90117 012 ****61.25

DOCUMENT # 728789

1. Entity Name
ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE B ASSOCIATION, INC.



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



02072006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1529233

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STRACUZZI, MILLIE
7867 GOLF CIRCLE DRIVE #212
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 *Carmela Stracuzzi* DATE 3-14-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	GISONDI, EVELYN	
STREET ADDRESS	7867 GOLF CIRCLE DR. #209	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MARY S	
STREET ADDRESS	7867 GOLF CIRCLE DR. #203	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STRACUZZI, MILLIE	
STREET ADDRESS	7867 GOLF CIRCLE DR. #212	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BERGER, JOHN	
STREET ADDRESS	7867 GOLF CIRCLE DR #310	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KOLE, ROBERT	
STREET ADDRESS	7867 GOLF CIRCLE DR. #308	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTKER, HAROLD	
STREET ADDRESS	7867 GOLF CIRCLE DR. #305	
CITY-ST-ZIP	MARGATE, FL 33063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP Herman Raider	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7867 Golf Circle Drive B 201	
STREET ADDRESS	Margate Fl. 33063	
CITY-ST-ZIP		
TITLE	T Ruth Kephart	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7867 Golf Circle Drive - B 103	
STREET ADDRESS	Margate, FL 33063	
CITY-ST-ZIP		
TITLE	VP Gail h. may	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7867 Golf Circle Drive B308	
STREET ADDRESS	Margate Fl. 33063	
CITY-ST-ZIP		
TITLE	P Millie Stracuzzi	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7867 Golf Circle Drive B 212	
STREET ADDRESS	Margate Fl. 33063	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Carmela Stracuzzi* DATE 3-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR