

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90047 021 ***150.00

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**

40021256



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1529233

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD Delete
 NAME GISONDI, EVELYN
 STREET ADDRESS 7867 GOLF CIRCLE DR. #209
 CITY-ST-ZIP MARGATE, FL 33063

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP Delete
 NAME RAIDER, HERMAN
 STREET ADDRESS 7867 GOLF CIRCLE DRIVE, B-201
 CITY-ST-ZIP MARGATE, FL 33063

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME KEPHART, RUTH
 STREET ADDRESS 7867 GOLF CIRCLE DRIVE, B103
 CITY-ST-ZIP MARGATE, FL 33063

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP Delete
 NAME MAY, GAIL L
 STREET ADDRESS 7867 GOLF CIRCLE DR., B308
 CITY-ST-ZIP MARGATE, FL 33063

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P Delete
 NAME STRACUZZI, MILLIE
 STREET ADDRESS 7867 GOLF CIRCLE DR., B212
 CITY-ST-ZIP MARGATE, FL 33063

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME SUTKER, HAROLD
 STREET ADDRESS 7867 GOLF CIRCLE DR. #305
 CITY-ST-ZIP MARGATE, FL 33063

TITLE Change 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:

Ruth Kephart

2-2-07

954 971-3056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #