
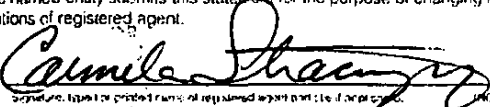



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90035 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 <b>7867 GOLF CIRCLE DRIVE MARGATE FL 33063</b>		Mailing Address <b>7867 GOLF CIRCLE DRIVE MARGATE FL 33063</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Margate Florida</b>	
Zip		Zip <b>33063</b>	
Country		Country <b>Dorward</b>	
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	
<del>STRACUZZI, MILLIE</del> <b>7867 GOLF CIRCLE DRIVE #212 MARGATE FL 33063</b>		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 		DATE <b>1-28-08</b>	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</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 NAME STREET ADDRESS CITY- ST- ZIP	<b>SO</b> <b>GISONDI, EVELYN</b> <b>7867 GOLF CIRCLE DR. #209</b> <b>MARGATE FL 33063</b> <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	<b>VP</b> <b>RAIDER, HERMAN</b> <b>7867 GOLF CIRCLE DRIVE, B-201</b> <b>MARGATE FL 33063</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>Nathan Eisenberg</b> <b>7867 Golf Circle Dr. #B209</b> <b>Margate, FL 33063</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> <b>KEPHART, RUTH</b> <b>7867 GOLF CIRCLE DRIVE, B103</b> <b>MARGATE FL 33063</b> <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	<b>VP</b> <b>MAY, GAIL L</b> <b>7867 GOLF CIRCLE DR., B308</b> <b>MARGATE FL 33063</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>John Berger</b> <b>7867 Golf Circle Dr. B 310</b> <b>Margate, FL 33063</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>STRACUZZI, MILLIE</b> <b>7867 GOLF CIRCLE DR., B212</b> <b>MARGATE FL 33063</b> <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	<b>D</b> <b>SUTKER, HAROLD</b> <b>7867 GOLF CIRCLE DR. #305</b> <b>MARGATE FL 33063</b> <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 exemptions contained in Section 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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	