

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90327 018 \*\*\*\*61.25

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<b>DOCUMENT # 727768</b> 1. Entity Name <b>ORIOLE GOLF &amp; TENNIS CLUB CONDOMINIUM ONE F ASSOCIATION, INC.</b>					
Principal Place of Business <b>7827 GOLF CIRCLE DR. MARGATE, FL 33063</b>			Mailing Address <b>7827 GOLF CIRCLE DR. MARGATE, FL 33063</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1529229</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>KRESSNER, ARLINE 7827 GOLF CIRCLE DRIVE F-104 MARGATE, FL 33063</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD SEILER, ELEANOR 7827 GOLF CIRCLE DRIVE #306 MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEILY ELEANOR SEILER 7827 GOLF CIRCLE DR. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRESSNER, ARLINE 7827 GOLF CIRCLE DRIVE MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ARLINE KRESSNER 7827 GOLF CIRCLE DR. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD ZIEGLER, BERNARD 7827 GOLF CIRCLE DRIVE MARGATE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARACH, LUCILLE 7827 GOLF CIRCLE DRIVE MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOHANNAN MEMBER 7827 GOLF CIRCLE DR. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRVING, WEINREB 7827 GOLF CIRCLE DRIVE MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERKINS FAYE WEINREB 7827 GOLF CIRCLE DR. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIOKEY KRESSNER 7827 GOLF CIRCLE DR. MARGATE, FL 33063	<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.					
<b>SIGNATURE:</b> <i>Arline Kressner</i>				2/27/2005 914-974-2584	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	