| Entity Name: ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE B ASSOCIATION, INC. |
|---|
| Current Principal Place of Business: |
| |

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

7867 GOLF CIRCLE DRIVE MARGATE, FL 33063

DOCUMENT# 728789

Current Mailing Address:

7777 GOLF CIRCLE DRIVE MARGATE, FL 33063

FEI Number: 59-1529233

Name and Address of Current Registered Agent:

STRACUZZI, CARMELA 7867 GOLF CIRCLE DRIVE , B 212 MARGATE, FL 33063 US Certificate of Status Desired: No

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Officer/Director Detail : | | | | | |
|-------------------------------------|---|----------------------------------|---|--|--|
| Title | DIR | Title | VP | | |
| Name | MAY, L . GAIL | Name | CEDER, MARILYN | | |
| Address | 7867 GOLF CIRCLE DR. , B 308 | Address | 7867 GOLF CIRCLE DRIVE UNIT 210 | | |
| City-State-Zip: | MARGATE FL 33063 | City-State-Zip: | MARGATE FL 33063 | | |
| Title | Т | Title | SEC | | |
| Name | KEPHART, RUTH | Name | EVELYN, GISONDI | | |
| Address | 7867 GOLF CIRCLE DRIVE, B103 | /E, B103 Address City-State-Zip: | 7867 GOLF CIRCLE DR. B 209 | | |
| City-State-Zip: | MARGATE FL 33063 | | MARGATE FL 33063 | | |
| Title | P | Title | DIRECTOR | | |
| | | | | | |
| Name | STRACUZZI, CARMELA | Name | LOPES. ROBERT | | |
| Name Address | STRACUZZI, CARMELA 7867 GULF CIRCLE DR., B 212 | | LOPES, ROBERT 7867 GOLF CIRCLE DRIVE | | |
| | , | Name Address | LOPES, ROBERT 7867 GOLF CIRCLE DRIVE UNIT 307 | | |
| Address | 7867 GULF CIRCLE DR., B 212 | | 7867 GOLF CIRCLE DRIVE UNIT 307 | | |
| Address City-State-Zip: | 7867 GULF CIRCLE DR., B 212 MARGATE FL 33063 | Address | 7867 GOLF CIRCLE DRIVE UNIT 307 | | |
| Address City-State-Zip: Title | 7867 GULF CIRCLE DR., B 212 MARGATE FL 33063 DIRECTOR | Address | 7867 GOLF CIRCLE DRIVE UNIT 307 | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARMELA STRACUZZI

PRESIDENT

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

Date