

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728789

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

FILED
Apr 16, 2013
Secretary of State
CC0585665803

Current Principal Place of Business:

7867 GOLF CIRCLE DRIVE
MARGATE, FL 33063

Current Mailing Address:

7777 GOLF CIRCLE DRIVE
MARGATE, FL 33063

FEI Number: 59-1529233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRACUZZI, CARMELA
7867 GOLF CIRCLE DRIVE , B 212
MARGATE, FL 33063 US

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

Date

Officer/Director Detail :

Title DIR
Name MAY, L . GAIL
Address 7867 GOLF CIRCLE DR. , B 308
City-State-Zip: MARGATE FL 33063

Title VP
Name CEDER, MARILYN
Address 7867 GOLF CIRCLE DRIVE
UNIT 210
City-State-Zip: MARGATE FL 33063

Title T
Name KEPHART, RUTH
Address 7867 GOLF CIRCLE DRIVE, B103
City-State-Zip: MARGATE FL 33063

Title SEC
Name EVELYN, GISONDI
Address 7867 GOLF CIRCLE DR. B 209
City-State-Zip: MARGATE FL 33063

Title P
Name STRACUZZI, CARMELA
Address 7867 GOLF CIRCLE DR., B 212
City-State-Zip: MARGATE FL 33063

Title D
Name MASTER, CHERYL
Address 7867 GOLF CIRCLE DRIVE
City-State-Zip: MARGATE FL 33063

Title DIRECTOR
Name LOPES, ROBERT
Address 7867 GOLF CIRCLE DRIVE
UNIT 307
City-State-Zip: MARGATE FL 33063

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: MARILYN CEDER

VICE PRESIDENT

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date