

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 724988**

1. Entity Name

**ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE C  
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**C ASSOCIATION, INC.  
7857 GOLF CIRCLE DR.  
MARGATE FL 33063**

**7777 GOLF CIRCLE DRIVE  
MARGATE FL 33063**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-1529232**

Applied For

Not Applicable

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

**KULLER, SHIRLEY  
7857 GOLF CIRCLE DR  
APT 112  
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

**FILE NOW: 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

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **KULLER, SHIRLEY**  
CITY- ST- ZIP **7857 GOLF CIR.DR. #112  
MARGATE FL 33063**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **WARNER, MARGARET**  
CITY- ST- ZIP **7857 GOLF CIRCLE DR. #312  
MARGATE FL 33063**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **BERNSTEIN, ADRIENNE**  
CITY- ST- ZIP **7857 GOLF CIRCLE DR. #307  
POMPANO BEACH FL 33063**

TITLE ☐ Delete  
NAME **DVP**  
STREET ADDRESS **BOBBI, ELAINE C**  
CITY- ST- ZIP **7857 GOLF CIRCLE DR. #309  
MARGATE FL 33063**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SEGARRA, ARMANDO**  
CITY- ST- ZIP **7857 GOLF CIRCLE DR. #311  
MARGATE FL 33063**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PEET, ROBERT**  
CITY- ST- ZIP **7857 GOLF CIRCLE DRIVE  
MARGATE FL 33063**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
NAME **U000000725168**  
STREET ADDRESS **05/03/07-80011-015 61.25**  
CITY- ST- ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition  
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CITY- ST- ZIP

☐ 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 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:

*Margaret Warner President*

3-11-07