

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90147 011 ****61.25

DOCUMENT # 725384

1. Entity Name

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



Principal Place of Business

**A ASSOCIATION, INC.
7877 GOLF CIRCLE DR. #303
MARGATE FL 33063
US**

Mailing Address

**A ASSOCIATION, INC.
7877 GOLF CIRCLE DR #303
MARGATE FL 33063
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1529234

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

**FISCHLER, SOL
7877 GOLF CIRCLE DR
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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete
NAME FISCHLER, SOL
STREET ADDRESS 7877 GOLF CIR DR
CITY-ST-ZIP MARGATE FL 33063

TITLE V-P ☐ Change ☒ Addition
NAME BAKER, EDWARD
STREET ADDRESS VICE PRESIDENT
CITY-ST-ZIP 7877 GOLF CIRCLE DR, MARGATE, FL 33063

TITLE D ☐ Delete
NAME JACOBS, LOU
STREET ADDRESS 7877 GOLF CIRCLE DRIVE
CITY-ST-ZIP MARGATE FL 33067

TITLE TD ☐ Change ☒ Addition
NAME GOLDBERG, CHARLES
STREET ADDRESS 7877 GOLF CIRCLE DR.
CITY-ST-ZIP MARGATE, FL 33063

TITLE D ☒ Delete
NAME POLLACK, DAN
STREET ADDRESS 7877 GOLF CIRCLE DRIVE
CITY-ST-ZIP MARGATE FL 33063

TITLE SD ☐ Change ☐ Addition
NAME BECKER, KAREN
STREET ADDRESS 7877 GOLF CIRCLE DR.
CITY-ST-ZIP MARGATE, FL 33063

TITLE TD ☐ Delete
NAME FROMM, PAUL
STREET ADDRESS 7877 GOLF CIR DR
CITY-ST-ZIP MARGATE FL 33063

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

TITLE D ☐ Delete
NAME WILCOX, GEORGE
STREET ADDRESS 7877 GOLF CIR DR
CITY-ST-ZIP MARGATE FL 33063

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

TITLE DS ☒ Delete
NAME WORKMAN, DOROTHY
STREET ADDRESS 7877 GOLF CIRCLE DR. #303
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ 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: *Sol Fischler* - SOL FISCHLER

2/1/06

954/977-9126