

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90051 013 ****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**

40073113



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1529234

Applied For

Not Applicable

Zip

Country

Zip

Country

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 reinstating)

DATE

**Filing 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

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 ☐ Change ☒ Addition
NAME *Treasurer*
NAME *Charles D. Gonberk*
STREET ADDRESS *7877 Golf Cir Dr*
CITY-ST-ZIP *Margate FL 33063 210*

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

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

TITLE SD ☐ Delete
NAME BECKER, KAREN
STREET ADDRESS 7877 GOLF CIR DR
CITY-ST-ZIP MARGATE, FL 33063

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

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 VP ☐ Delete
NAME BAKER, EDWARD
STREET ADDRESS 7877 GOLF CIR DR
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 Chapter 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/07 / 954/977-9120