2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State
03-14-2008 90042 023 ****61.25

DOCUMENT # 727768

1. Entity Name

ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE F ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7777 GOLF CIRCLE DR. MARGATE FL 33063	7777 GOLF CIRCLE DR. MARGATE FL 33063

1st MOORE CR2E037 (10/07)

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

4. FEI Number 59-1529229 ☐ 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
KRESSNER, ARLINE 7827 GOLF CIRCLE DRIVE F-104 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 Arline Kressner
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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S SEILER, ELEANOR 7827 GULF CIRCLE DRIVE #306 MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KRESSNER, ARLINE 7827 GOLF CIRCLE DRIVE MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KAMPMEYER, REGIS 7827 GOLF CIR DR APT F-212 ~~POMPANO BEACH FL 33063~~ MARGATE	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOORE MAUREEN 7827 GOLF CIRCLE DR. MARGATE, FL 33063 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARACH, LUCILLE 7827 GOLF CIRCLE DRIVE MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HELTZER, EDWARD 7827 GOLF CIR DR APT 103 ~~POMPANO BEACH FL~~ 33063 MARGATE	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARANG, MICHAEL 7827 GOLF CIRCLE DR. MARGATE, FL 33063 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X Arline Kressner