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

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90399 001 ****61.25

DOCUMENT # 728023

1. Entity Name

ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE G ASS OCIATION, INC.

Principal Place of Business	Mailing Address
ONE G ASSOCIATION, INC. 7817 GOLF CIRCLE DR. MARGATE FL 33063-7319	ONE G ASSOCIATION, INC. 7817 GOLF CIRCLE DR. MARGATE FL 33063-7319

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1529228 ☐ 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
~~SANGIAMO, DENISE~~ ~~7817 GOLF CIRCLE DR.~~ ~~APT 110~~ ~~MARGATE FL 33063~~ Ray SHERLOCK 7817 GOLF CIRCLE DRIVE APT 312 MARGATE FL 33063	Name RAYMOND SHERLOCK Street Address (P.O. Box Number is Not Acceptable) 7817 GOLF CIRCLE DRIVE APT 312 City MARGATE FL Zip Code 33063

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 Raymond Sherlock 2/22/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP YELLE, JEAN L 7817 GOLF CIRCLE DRIVE MARGATE FL 33063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	P YELLE, MICHELLE B 7817 GOLF CIR. DR. MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SANGIAMO, DENISE 7817 GOLF CIRCLE DR MARGATE FL 33062	☑ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MARIA HENDERSHOT 7817 GOLF CIRCLE DRIVE MARGATE, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REISS, SHIRLEY 7817 GOLF CIR. DR. MARGATE FL 33063	☑ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER SHERLOCK, RAYMOND 7817 GOLF CIRCLE DRIVE MARGATE, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEIDMAN, LEONARD 7817 GOLF CIRCLE DR MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	SRORAMGA PUDUPAKKAM 7817 GOLF CIRCLE DRIVE MARGATE, FL. 33063	☐ 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: RAYMOND SHERLOCK Raymond Sherlock 2/22/06 954-552-7912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #