

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728789

FILED
Feb 17, 2009
Secretary of State

Entity Name: ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE B ASSOCIATION, INC.

Current Principal Place of Business:

7867 GOLF CIRCLE DRIVE
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

7867 GOLF CIRCLE DRIVE
MARGATE, FL 33063

New Mailing Address:

7777 GOLF CIRCLE DRIVE
MARGATE, FL 33063

FEI Number: 59-1529233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRACUZZI, MILLIE
7867 GOLF CIRCLE DRIVE #212
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GISONDI, EVELYN
Address: 7867 GOLF CIRCLE DR. #209
City-St-Zip: MARGATE, FL 33063

Title: VP () Delete
Name: EISENBERG, NATHAN
Address: 7867 GOLF CIRCLE DR. #3209
City-St-Zip: MARGATE, FL 33063

Title: T () Delete
Name: KEPHART, RUTH
Address: 7867 GOLF CIRCLE DRIVE, B103
City-St-Zip: MARGATE, FL 33063

Title: VP () Delete
Name: BERGER, JOHN
Address: 7867 GOLF CIRCLE DR. B 310
City-St-Zip: MARGATE, FL 33063

Title: P () Delete
Name: STRACUZZI, MILLIE
Address: 7867 GOLF CIRCLE DR., B212
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: SUTKER, HAROLD
Address: 7867 GOLF CIRCLE DR. #305
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: YURCZYSZYN, FRANK
Address: 7867 GOLF CIRCLE DR. #307
City-St-Zip: MARGATE, FL 33063

Title: VP (X) Change () Addition
Name: EISENBERG, NATHAN
Address: 7867 GOLF CIRCLE DR. #210
City-St-Zip: MARGATE, FL 33063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: MAY, GAIL
Address: 7867 GOLF CIRCLE DR. 308
City-St-Zip: MARGATE, FL 33063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILLIE STRACUZZI

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date