

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728024

FILED  
Feb 18, 2009  
Secretary of State

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

## Current Principal Place of Business:

7807 GOLF CIRCLE DRIVE  
MARGATE, FL 33063

## New Principal Place of Business:

## Current Mailing Address:

7807 GOLF CIRCLE DRIVE  
MARGATE, FL 33063

## New Mailing Address:

7777 GOLF CIRCLE DRIVE  
MARGATE, FL 33063

FEI Number: 59-1529227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VORTOLOMEI, GEORGE  
7807 GOLF CIR DR  
APT 209-H  
MARGATE, FL 33063 US

## Name and Address of New Registered Agent:

CASOLARO, PHYLLIS  
7807 GOLF CIRCLE DRIVE  
106  
MARGATE, FL 33063 US

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: PHYLLIS CASOLARO

02/18/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VORTOLIOMEI, GEORGE  
Address: 7807 GOLFCIR DR  
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete  
Name: CASOLARO, PHYLLIS  
Address: 7807 GOLF CIR DR  
City-St-Zip: MARGATE, FL 33063

Title: DT ( ) Delete  
Name: VALLI, KAREN  
Address: 7807 GOLF CIR  
City-St-Zip: MARGATE, FL 33063

Title: DS ( ) Delete  
Name: HIRSCH, BEVERLY  
Address: 7807 GOLF CIR  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: GOLDSTEIN, SYLVIA  
Address: 7807 GOLF CIR DR  
City-St-Zip: MARGATE, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CASOLARO, PHYLLIS  
Address: 7807 GOLFCIR DR # 106  
City-St-Zip: MARGATE, FL 33063

Title: VP (X) Change ( ) Addition  
Name: ZUNCIC, VICTORIA  
Address: 7807 GOLF CIR DR # 208  
City-St-Zip: MARGATE, FL 33063

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

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: PHYLLIS CASOLARO

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date