

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728024

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

**Current Principal Place of Business:**

7807 GOLF CIRCLE DRIVE  
MARGATE, FL 33063

**Current Mailing Address:**

7777GOLF CIRCLE DRIVE  
MARGATE, FL 33063

**FEI Number: 59-1529227**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCOTT BENDER, ESQ., ATTORNEY AT LAW  
7446 ROYAL PALM BLVD.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name KAREN, VALLI PRESIDENT  
Address 7807 GOLFCIR DR H 207  
City-State-Zip: MARGATE FL 33063

Title S  
Name FILLER, SANDRA  
Address 7807 GOLF CIRCLE DR H 205  
City-State-Zip: MARGATE FL 33063

Title TREASURER  
Name LEBLANC, YVON  
Address 7807 GOLF CIRCLE DRIVE  
UNIT 309  
City-State-Zip: MARGATE FL 33063

Title DIRECTOR  
Name GODDEN, INNES  
Address 7807 GOLF CIRCLE DRIVE  
City-State-Zip: MARGATE FL 33063

Title DIRECTOR  
Name SCHUTTLE, EUGENE  
Address 7807 GOLF CIRCLE DRIVE  
City-State-Zip: MARGATE FL 33063

Title DIRECTOR  
Name VASQUEZ, TITO  
Address 7807 GOLF CIRCLE DRIVE  
City-State-Zip: MARGATE FL 33063

*I hereby 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 all other like empowered.*

**SIGNATURE: KAREN VALLI**

**PRESIDENT**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date