


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90020 043 \*\*\*\*61.25

<b>DOCUMENT # 723857</b>			
1. Entity Name <b>ORIOLE GOLF &amp; TENNIS CLUB CONDOMINIUM ONE K ASSOCIATION, INC</b>			
Principal Place of Business <b>7777 GOLF CIRCLE DRIVE C/O ONE K ASSOCIATION, INC. MARGATE FL 33063-7307</b>		Mailing Address <b>7777 GOLF CIRCLE DRIVE C/O ONE K ASSOCIATION, INC. MARGATE FL 33063-7307</b>	
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
6. Name and Address of Current Registered Agent <b>SEVELOVITZ, HERMAN 7787 GOLF CIRCLE DR. #110 MARGATE FL 33063</b>		7. Name and Address of New Registered Agent Name <b>ERI</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME MIMEAULT, CHRISTIAN STREET ADDRESS 7787 GOLF CIR DR CITY-ST-ZIP MARGATE FL 33063	<input type="checkbox"/> Delete	sec. treas. NAME christian mimeault STREET ADDRESS 7787 golf circle dr k-312 CITY-ST-ZIP MARGATE FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DVP NAME SEVELOVITZ, HERMAN STREET ADDRESS 7787 GOLF CIR. DR. K-110 CITY-ST-ZIP MARGATE FL 33063	<input type="checkbox"/> Delete		
D NAME MICHALSKI, JOHN STREET ADDRESS 7787 GOLF CIR. DR. K-308 CITY-ST-ZIP MARGATE FL 33063	<input type="checkbox"/> Delete	caleb torres NAME d STREET ADDRESS 7787 golf circle dr k-102 CITY-ST-ZIP margate fl 33063	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD NAME IRWIN, RICHARD STREET ADDRESS 7787 GOLF CIR DR CITY-ST-ZIP MARGATE FL 33063	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS NAME WATTS, BILLY R STREET ADDRESS 7787 GOLF CIR DR K 111 CITY-ST-ZIP MARGATE FL 33063	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME LEANZO, HILDA STREET ADDRESS 7787 GOLF CIR. DR. K-301 CITY-ST-ZIP MARGATE FL 33063	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #