## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 723857** 

FILED Jan 06, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 7777 GOLF CIRCLE DRIVE 7787 GOLF CIRCLE DRIVE C/O ONE K ASSOCIATION, INC. C/O ONE K ASSOCIATION, INC. MARGATE, FL 330637307 MARGATE, FL 330637307 **Current Mailing Address: New Mailing Address:** 7777 GOLF CIRCLE DRIVE C/O ONE K ASSOCIATION, INC. MARGATE, FL 330637307 FEI Number: 59-1445141 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEVELOVITZ, HERMAN 7787 GOLF CIRCLE DR. #110 MARGATE, FL 33063 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MIMEAULT, CHRISTIAN MIMEAULT, CHRISTIAN Name: Name: 7787 GOLF CIR DR Address: 7787 GOLF CIR DR APT 312 Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 Title: () Delete Title: () Change () Addition SEVELOVITZ, HERMAN Name: Name: Address: 7787 GOLF CIR. DR. K-110 Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: () Delete Title: () Change () Addition MICHALSKI, JOHN Name: Name: 7787 GOLF CIR. DR. K-308 Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: PD () Delete Title: (X) Change ( ) Addition IRWIN, RICHARD Name: Name: IRWIN, RICHARD 7787 GOLF CIR DR 7787 GOLF CIR DR Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 Title: () Delete Title: () Change () Addition TORRES, CALEB Name: Name: 7787 GOLF CIRCLE DR K-102 Address: Address: City-St-Zip: MARGATE, FL 33063 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: RICHAR IRWIN VP 01/06/2009