

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 05, 2008 8:00 am**  
**Secretary of State**

09-05-2008 90002 004 \*\*\*\*61.25

**DOCUMENT # 723858**

1. Entity Name

ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE M ASSOCIATION, INC



Principal Place of Business

ONE M ASSOCIATION INC  
7887 GOLF CIRCLE DR.  
MARGATE FL 33063

Mailing Address

ONE M ASSOCIATION INC  
7887 GOLF CIRCLE DR.  
MARGATE FL 33063



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E037 (10/06)

4. FEI Number

59-1445140

Applied For

Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARREN, JUNE  
7887 GOLF CIR DR  
POMPANO BEACH FL 33063

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1.**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	BRUTUS, MONA			NAME	INDELICATO, CHARLES		
STREET ADDRESS	7887 GOLF CIR DR			STREET ADDRESS	7887 GOLF CIRCLE DR MIC 2		
CITY - ST - ZIP	POMPANO BEACH FL 33063			CITY - ST - ZIP	POMPANO BEACH FL 33063		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	PETULIND, BLAKE			NAME			
STREET ADDRESS	7887 GOLF CIR DR			STREET ADDRESS			
CITY - ST - ZIP	POMPANO BEACH FL 33063			CITY - ST - ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	ADLER, GLORIA			NAME			
STREET ADDRESS	7887 GOLF CIR DR			STREET ADDRESS			
CITY - ST - ZIP	POMPANO BEACH FL 33063			CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	WARREN, JUNE			NAME			
STREET ADDRESS	7887 GOLF CIR DR			STREET ADDRESS			
CITY - ST - ZIP	MARGATE FL 33063			CITY - ST - ZIP			
TITLE	ASD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	INDELICATO, CHARLES			NAME			
STREET ADDRESS	7887 GOLF CIR DR			STREET ADDRESS			
CITY - ST - ZIP	MARGATE FL 33063			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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:** CHARLES INDELICATO *Charles Indelicato* 2768  
954-977-2768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR