

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 17, 2009  
Secretary of State**

DOCUMENT# 724988

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

**Current Principal Place of Business:**

**New Principal Place of Business:**

C ASSOCIATION, INC.  
7857 GOLF CIRCLE DR.  
MARGATE, FL 33063

**Current Mailing Address:**

**New Mailing Address:**

7777 GOLF CIRCLE DRIVE  
MARGATE, FL 33063

FEI Number: 59-1529232

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:**

KULLER, SHIRLEY  
7857 GOLF CIRCLE DR  
APT 112  
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

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: KULLER, SHIRLEY  
Address: 7857 GOLF CIR.DR. #112  
City-St-Zip: MARGATE, FL 33063

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

Title: P ( ) Delete  
Name: WARNER, MARGARET  
Address: 7857 GOLF CIRCLE DR. #312  
City-St-Zip: MARGATE, FL 33063

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

Title: SD ( ) Delete  
Name: BERNSTEIN, ADRIENNE  
Address: 7857 GOLF CIRCLE DR. #307  
City-St-Zip: POMPANO BEACH, FL 33063

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

Title: DVP ( ) Delete  
Name: BOBBI, ELAINE C  
Address: 7857 GOLF CIRCLE DR. #309  
City-St-Zip: MARGATE, FL 33063

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

Title: D ( ) Delete  
Name: SEGARRA, ARMANDO  
Address: 7857 GOLF CIRCLE DR. #311  
City-St-Zip: MARGATE, FL 33063

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

Title: D ( ) Delete  
Name: PEET, ROBERT  
Address: 7857 GOLF CIRCLE DRIVE  
City-St-Zip: MARGATE, FL 33063

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: MARGARET WARNER

P

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date