2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 725385

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

Current Principal Place of Business:

7777 GOLF CIRCLE DR.
MARGATE, FL 33063

New Principal Place of Business:

7847 GOLF CIRCLE DR.
MARGATE, FL 33063

Current Mailing Address:

7777 GOLF CIRCLE DR.
MARGATE, FL 33063

New Mailing Address:

FEI Number: 59-1529231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENARD, DENIS
7847 GOLF CIRCLE DRIVE
#203
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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:

Title: S ( ) Delete
Name: HURWITZ, BRINN
Address: 7847 GOLF CIR DR. 102
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: HABERLAND, RICHARD
Address: 7847 GOLF CIRCLE DR #308
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete
Name: MENARD, DENNIS
Address: 7847 GOLF CIRCLE DR #203
City-St-Zip: MARGATE, FL 33063

Title: P ( ) Delete
Name: BLANDER, HAROLD
Address: 7847 GOLF CIRCLE DR #212
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete
Name: WINK, RICHARD
Address: 7847 GOLF CIRCLE DR #202
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: HURWITZ, BRINA
Address: 7847 GOLF CIR DR. 102
City-St-Zip: MARGATE, FL 33063

Title: D (X) Change ( ) Addition
Name: PIETTE, MARYANN
Address: 7847 GOLF CIRCLE DR #303
City-St-Zip: MARGATE, FL 33063

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

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

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: DENIS MENARD T 02/17/2009

Electronic Signature of Signing Officer or Director — Date