## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 727768**

FILED Feb 18, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 7777 GOLF CIRCLE DR. 7827 GOLF CIRCLE DR. MARGATE, FL 33063 MARGATE, FL 33063 **Current Mailing Address: New Mailing Address:** 7777 GOLF CIRCLE DR. MARGATE, FL 33063 FEI Number: 59-1529229 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: KRESSNER, ARLINE 7827 GOLF CIRCLE DRIVE F-104 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: () Delete () Change () Addition SEILER, ELEANOR Name: Name: 7827 GULF CIRCLE DRIVE #306 Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: STD () Delete Title: (X) Change ( ) Addition KRESSNER, ARLINE Name: KRESSNER, ARLINE Name: Address: 7827 GOLF CIRCLE DRIVE Address: 7827 GOLF CIRCLE DRIVE #104 City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 Title: VPD () Delete Title: (X) Change ( ) Addition MOORE, MAUREEN MOORE, MAUREEN Name: Name: 7827 GOLF CIRCLE DR 7827 GOLF CIRCLE DR Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 Title: ( ) Delete Title: () Change () Addition Name: BARACH, LUCILLE Name: 7827 GOLF CIRCLE DRIVE Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PARANG, MICHAEL PARANG, MICHAEL Name: Name: 7827 GOLF CIRCLE DR 7827 GOLF CIRCLE DR #301 Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063

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: MICHAEL PARANG P 02/18/2009