


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90093 049 \*\*\*\*61.25

<b>DOCUMENT # 728023</b>	
1. Entity Name <b>ORIOLE GOLF &amp; TENNIS CLUB CONDOMINIUM ONE G ASSOCIATION, INC.</b>	

Principal Place of Business <b>ONE G ASSOCIATION, INC. 7817 GOLF CIRCLE DR. MARGATE FL 33063-7319</b>	Mailing Address <b>ONE G ASSOCIATION, INC. 7817 GOLF CIRCLE DR. MARGATE FL 33063-7319</b>
--	--




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)

6. Name and Address of Current Registered Agent  <b>SHERLOCK, RAYMOND 7817 GOLF CIRCLE DR. APT 312 MARGATE FL 33063</b>	
---	--

7. Name and Address of New Registered Agent Name <b>THERRIEN SERGE DT</b> Street Address (P.O. Box Number is Not Acceptable) <b>7817 GOLF CIRCLE DR.</b> <b>APT. 308</b> City <b>MARGATE</b> FL Zip Code <b>33063</b>	
---	--

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 	DATE <b>03-09-2007</b>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>P YELLE, MICHELLE B 7817 GOLF CIR. DR. MARGATE FL 33063</b>	
<b>DS HENDERSHOT, MARIA 7817 GOLF CIRCLE DR MARGATE FL 33063</b>	<input type="checkbox"/> Delete
<b>DT SHERLOCK, RAYMOND 7817 GOLF CIR. DR. MARGATE FL 33063</b>	<input checked="" type="checkbox"/> Delete
<b>VP SEIDMAN, LEONARD 7817 GOLF CIRCLE DR MARGATE FL 33063</b>	<input type="checkbox"/> Delete
<b>D PUDUPAKKAM, SRORAMGA 7817 GOLF CIRCLE DR MARGATE FL 33063</b>	<input type="checkbox"/> Delete
<b></b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>DT THERRIEN SERGE 7817 GOLF CIR. DR. MARGATE FL 33063</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: <b>03/09/2007</b>
--	-------------------------