## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#729619** 

FILED Feb 16, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

1006 COUNTRY CLUB DRIVE MARGATE, FL 33063

**Current Mailing Address: New Mailing Address:** 

1941 NW 150 AVE PEMBROKE PINES, FL 33028

**OFFICERS AND DIRECTORS:** 

FEI Number: 59-1579419 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:

LANDMARK MANAGEMENT SERVICES, INC 1941 NW 150 AVE PEMBROKE PINES, FL 33028 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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

ZEKIND, RENE ZEKIND, RENE Name: Name:

1055 COUNTRY CLUB DR Address: 1055 COUNTRY CLUB DR Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063

Title: () Delete Title: () Change () Addition

Name: PINCUS, REGINA Name: Address: 1000 COUNTRY CLUB DR Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip:

Title: () Delete Title: () Change () Addition

SHORE, ISABELLE Name: Name: 1040 COUNTRY CLUB DR Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: STOCKUN, MEL Name: SCHWARTZ, GLORIA 1040 COUNTRY CLUB DR 1035 COUNTRY CLUB DR Address: Address: City-St-Zip: POMPANO BEACH, FL 33063 City-St-Zip: POMPANO BEACH, 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: REGINA PINCUS Т 02/16/2009