

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729619

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1006 COUNTRY CLUB DRIVE  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

1941 NW 150 AVE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

**FEI Number:** 59-1579419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANDMARK MANAGEMENT SERVICES, INC  
1941 NW 150 AVE.  
PEMBROKE PINES, FL 33028 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: P  
Name: BONO, JOHN  
Address: 1005 COUNTRY CLUB DR  
City-St-Zip: MARGATE, FL 33063

Title: VP  
Name: ZEKIND, RENE  
Address: 1055 COUNTRY CLUB DR  
City-St-Zip: MARGATE, FL 33063

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

Title: T  
Name: BERTRAND, GILLES  
Address: 1020 COUNTRY CLUB DR  
City-St-Zip: MARGATE, FL 33063

I hereby 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 all other like empowered.

SIGNATURE: KAREN BOWLING

LCAM

03/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date