

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729619

**FILED**  
**Feb 11, 2011**  
**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: PRES  
Name: ZEKIND, RENE  
Address: 1941 N.W. 150TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP  
Name: PALLADINO, SALLY  
Address: 1941 N.W. 150TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SEC  
Name: TERHUNE, CLAIRE  
Address: 1941 N.W. 150TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TRES  
Name: BERTRAND, GILLES  
Address: 1941 N.W. 150TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

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

02/11/2011

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

\_\_\_\_\_  
Date