

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

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90126 011 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                                                                                     |                                                                                                                                                                                                                                           |                                                                                |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 730774</b><br>1. Entity Name<br><b>ORIOLE GOLF &amp; TENNIS CLUB CONDOMINIUM ONE L ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |                                                                                     |                                                                                                                                                                                                                                           |                                                                                |                                                                              |
| Principal Place of Business<br><b>ONE L ASSOC., INC.<br/>7897 GOLF CIRCLE DRIVE<br/>MARGATE FL 33063</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |                                                                                     | Mailing Address<br><b>ONE L ASSOC., INC.<br/>7897 GOLF CIRCLE DRIVE<br/>MARGATE FL 33063</b>                                                                                                                                              |                                                                                |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        | 3. Mailing Address                                                                  |                                                                                                                                                                                                                                           |                                                                                |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                                                                                           |                                                                                |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        | City & State                                                                        |                                                                                                                                                                                                                                           |                                                                                |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                | Zip                                                                                 | Country                                                                                                                                                                                                                                   | 4. FEI Number<br><b>59-1617823</b>                                             |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |                                                                                     |                                                                                                                                                                                                                                           | Applied For<br>Not Applicable                                                  |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>JANE LANE<br/>LESTER, FAY<br/>7897 GOLF CIRCLE DR<br/>L BLDG Apt 111<br/>MARGATE FL 33063</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                        |                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                |                                                                              |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                                     |                                                                                                                                                                                                                                           |                                                                                |                                                                              |
| <b>FILE NOW: FEE IS \$81.25<br/>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                           | <b>\$5.00 May Be<br/>Added to Fees</b>                                         |                                                                              |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                                     |                                                                                                                                                                                                                                           |                                                                                |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                     |                                                                                |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>SDP</b><br>LANE, JANE<br>7897 GOLF CIRCLE DR., APT 111L<br>MARGATE FL 33063         | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                         | <b>SEC</b><br>SMITH, VIOLA<br>7897 GOLF CIRCLE DR Apt 303<br>MARGATE, FL 33063 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>TD</b><br>NOEL, MAUREEN<br>7897 GOLF CIRCLE DR., APT 310L<br>MARGATE FL 33063       | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                         |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>VD</b><br>ORGAN, A<br>7897 GOLF CIRCLE<br>MARGATE, FL 00000                         | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                         |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>PD</b><br>LESTER, FAY<br>7897 GOLF CIRCLE DR., APT 209L<br>MARGATE FL 33063         | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                         |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>YBD D</b><br>AUENA, JOSEPHINE<br>7897 GOLF CIRCLE DR., APT 206L<br>MARGATE FL 33063 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                         |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>REED DORIS TD</b><br>7897 GOLF CIRCLE DR APT 302 ADD<br>MARGATE, FL 33063           | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                         |                                                                                | <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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                                                     | <div style="display: flex; justify-content: space-between;"> <span><b>2-23-07</b></span> <span><b>(954) 540-2765</b></span> </div> <small>Date Daytime Phone</small>                                                                      |                                                                                |                                                                              |

# ATTACHMENT

66009762  
#730774

## President:

Jane Lane  
7897 Golf Circle Drive  
Apt. 111  
Margate, Florida 33063

## Vice President:

Esther (Teddy) Organ  
7897 Golf Circle Drive  
Apt. 109  
Margate, Florida 33063

## Secretary:

Viola Smith  
7897 Golf Circle Drive  
Apt. 303  
Margate, Florida 33063

## Treasurer:

Doris Reed  
7897 Golf Circle Drive  
Apt. 302  
Margate, Florida 33063

## Directors:

Maureen Noel  
7897 Golf Circle Drive  
Apt. 310  
Margate, Florida 33063

Josephine Avena  
7897 Golf Circle Drive  
Apt. 209  
Margate, Florida 33063

Faye Lester  
7897 Golf Circle Drive  
Apt. 209  
Margate, Florida 33063

Shirley Weiss  
7897 Golf Circle Drive  
Apt. 204  
Margate, Florida 33063