

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730774

FILED  
Mar 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

ONE L ASSOC., INC.  
7897 GOLF CIRCLE DRIVE  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

ONE L ASSOC., INC.  
7897 GOLF CIRCLE DRIVE  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 59-1617823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANE, JANE  
7897 GOLF CIRCLE DR  
L BLDG, APT 111  
MARGATE, FL 33063 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 ( ) Delete  
Name: LANE, JANE  
Address: 7897 GOLF CIRCLE DR., APT 111L  
City-St-Zip: MARGATE, FL 33063

Title: SVP ( ) Delete  
Name: NOEL, MAUREEN  
Address: 7897 GOLF CIRCLE DR., APT 310L  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: LESTER, FAY  
Address: 7897 GOLF CIRCLE DR., APT 209L  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: AUENA, JOSEPHINE  
Address: 7897 GOLF CIRCLE DR., APT 206L  
City-St-Zip: MARGATE, FL 33063

Title: TD ( ) Delete  
Name: REED, DORIS  
Address: 7897 GOLF CIRCLE DR APT 302  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JANE LANE

P

03/09/2009

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

\_\_\_\_\_  
Date