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.

PRESIDENT

SIGNATURE: JOHN NAPOLI

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 724988

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

Current Principal Place of Business:

ORIOLE GOLF & TENNIS C ASSOCIATION, INC. 7857 GOLF CIRCLE DR. MARGATE, FL 33063

Current Mailing Address:

7777 GOLF CIRCLE DRIVE MARGATE, FL 33063

FEI Number: 59-1529232

Name and Address of Current Registered Agent:

CAMPBELL PROPERTY MANAGEMENT 7777 GOLF CIRCLE DRIVE MARGATE, FL 33063 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	CARMELA STRACUZZI			03/20/2017
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	TREASURER	Title	PRESIDENT	
Name	SMITH, DORIS	Name	NAPOLI, JOHN	
Address	7857 GOLF CIRCLE DRIVE 204	Address	7857 GOLF CIRCLE DR. UNIT 106	
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063	
Title	VP	Title	SECRETARY	
Name	RAINFORD, HERMINE	Name	NAPOLI, ALICE	
Address	7857 GOLF CIRCLE DR. UNIT 210	Address	7857 GOLF CIRCLE DRIVE UNIT 106	
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063	

Certificate of Status Desired: No

03/20/2017

FILED
Mar 20, 2017
Secretary of State
CC9572147162

Date