

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724911 (3)
1. Corporation Name
ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE J ASSOCIATION, INC.



Principal Place of Business 7797 GOLF CIRCLE DRIVE MARGATE FL 33063	Mailing Address 7797 GOLF CIRCLE DRIVE MARGATE FL 33063-7351
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3. Date Incorporated or Qualified 12/01/1972	3a. Date of Last Report 08/06/1996
4. FEI Number 59-1529226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
WEINREB, IRVING
7797 GOLF CIRCLE DRIVE
MARGATE FL 33063

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WEINREB, IRVING	1.1 TITLE	
NAME	7797 GOLF CIRCLE DRIVE	1.2 NAME	
STREET ADDRESS	MARGATE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD LONDON, PHILIP	2.1 TITLE	VD EWE Rosenthal
NAME	7797 GOLF CIRCLE DRIVE	2.2 NAME	7797 GOLF Circle Dr
STREET ADDRESS	MARGATE FL	2.3 STREET ADDRESS	MARGATE, FL 33066
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD SUSSMAN, RAE	3.1 TITLE	TD EVELYN Hauptman
NAME	7797 GOLF CIRCLE DRIVE	3.2 NAME	7797 GOLF Circle Dr.
STREET ADDRESS	MARGATE FL 33063	3.3 STREET ADDRESS	Margate, FL 33066
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	ATD HAUDTMAN, EVELYN	4.1 TITLE	ATD RAE Sussman
NAME	7797 GOLF CIRCLE DRIVE	4.2 NAME	7797 GOLF Circle Dr
STREET ADDRESS	MARGATE FL 33063	4.3 STREET ADDRESS	Margate, FL 33066
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KERSH, JACK	5.1 TITLE	
NAME	7797 GOLF CIRCLE DRIVE	5.2 NAME	
STREET ADDRESS	MARGATE FL 33063	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D RUSHNER, MORRIS	6.1 TITLE	
NAME	7797 GOLF CIRCLE DRIVE	6.2 NAME	
STREET ADDRESS	MARGATE FL 33063	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED
Date: 5/16/97 Daytime Phone #: 0025406

CR2E037 (9/96)