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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724911

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/01/1972	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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSENTHAL, ELIZABETH 7798 GOLF CIRCLE DRIVE MARGATE FL 33063				81 Name	ELIEZER ROSENTHAL ELIEZER		
				82 Street Address (P.O. Box Number is Not Acceptable)	7797 GOLF CIRCLE DRIVE		
				83			
				84 City	MARGATE	85 Zip Code	FL

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 *Eliezer Rosenthal* DATE **Feb 10, 1999**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, ELIZABETH	1.2 NAME	ROSENTHAL, ELIEZER
STREET ADDRESS	7798 GOLF CIRCLE DRIVE	1.3 STREET ADDRESS	7797 GOLF CIRCLE DR
CITY-ST-ZIP	MARGATE FL 33063	1.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSMAN, RAY	2.2 NAME	
STREET ADDRESS	7798 GOLF CIRCLE DRIVE	2.3 STREET ADDRESS	7797
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUPTMAN, EVELYN	3.2 NAME	SECRET GABY JANET
STREET ADDRESS	7797 GOLF CIRCLE DRIVE	3.3 STREET ADDRESS	7797 GOLF CIRCLE DR
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	MARGATE
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOVES, ELAINE	4.2 NAME	FENSTERSTOCK, SHIRLEY
STREET ADDRESS	7798 GOLF CIRCLE DRIVE	4.3 STREET ADDRESS	7797 GOLF CIRCLE DR.
CITY-ST-ZIP	MARGATE FL 33063	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSH, JACK	5.2 NAME	
STREET ADDRESS	7797 GOLF CIRCLE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDNER, IRV	6.2 NAME	
STREET ADDRESS	7798 GOLF CIRCLE DRIVE	6.3 STREET ADDRESS	7797
CITY-ST-ZIP	MARGATE FL 33063	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Eliezer Rosenthal* DATE: **Feb 10, 1999** DAYTIME PHONE #: **954-973-1196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)