

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724911

1. Entity Name

ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE J ASSO

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90027 022 ****61.25

Principal Place of Business

7797 GOLF CIRCLE DRIVE
 MARGATE FL 33063

Mailing Address

7797 GOLF CIRCLE DRIVE
 MARGATE FL 33063-7351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1529226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENTHAL, ELIEZER
 7797 GOLF CIR DR
 MARGATE FL 33063

7. Name and Address of New Registered Agent

Name SIMON, HAROLD
 Street Address (P.O. Box Number is Not Acceptable) 7797 GOLF circle Drive 5102
Margate florida
 City FL Zip Code 33063

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.

SIGNATURE Harold Simon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

~~Make Check Payable to~~
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSENTHAL, ELIEZER	
STREET ADDRESS	7797 GOLF CIR DR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SUSSMAN, RAY	
STREET ADDRESS	7797 GOLF CIR DR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GABY, JANET	
STREET ADDRESS	7797 GOLF CIR DR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	S	<input type="checkbox"/> Delete
NAME	FENSTERSTOCK, SHIRLEY	
STREET ADDRESS	7797 GOLF CIR DR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIDNER, IRV	
STREET ADDRESS	7797 GOLF CIR DR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, HAROLD	
STREET ADDRESS	7797 GOLF circle Drive 5102	
CITY-ST-ZIP	MARGATE florida 33063	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDON PHILIP	
STREET ADDRESS	7797 GOLF circle Drive 5108	
CITY-ST-ZIP	Margate Florida 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Harold Simon HAROLD SIMON 2-21-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)