


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90278 010 ****61.25

DOCUMENT # 724911			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-1529226		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, BERTIE P 7797 GOLF CIRCLE DRIVE J-302 MARGATE FL 33063		Name Street Address (P.O.-Box Number is Not Acceptable) City FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, HAROLD 7797 GOLF CIR DR MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. TREASURER GRACE DEEKS 7797 GOLF CIRCLE DRIVE MARGATE, FL. 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVINE, ROBERT 7797 GOLF CIR DR MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT LEVINE 7797 GOLF CIRCLE DRIVE MARGATE, FL. 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BERTIE 7797 GOLF CIRCLE DR MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P VICE PRES. BERTIE SMITH 7797 GOLF CIRCLE DRIVE MARGATE, FL. 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHNEIDER, NATHAN 7797 GOLF CIRCLE DR MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT NATHAN SCHNEIDER 7797 GOLF CIRCLE DRIVE MARGATE, FL. 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUQUE, ROSALIE 7797 GOLF CIRCLE DRIVE MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Director ELIE ROSENTHAL 7797 GOLF CIRCLE DRIVE MARGATE, FL. 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WILENER, LIZ 7797 GOLF CIRCLE DRIVE MARGATE FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D RA. SUSSMAN 7797 GOLF CIRCLE DRIVE MARGATE, FL. 33063 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Nathan Schneider NATHAN SCHNEIDER 4/26/04 954-978-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54043841

#724911

Page 2 of 2

Oriole Condominium One Club, Inc.

BLDG J

2004

ANNUAL REPORT

7777 Golf Circle Drive
Margate, Florida 33063
Tel: (954) 978-1955
Fax: (954) 975-9626

TITLE: DIRECTOR

NAME: CLAIRE FREEMAN

ADDRESS: 7797 GOLF CIRCLE DRIVE
MARGATE, FL. 33063