


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90015 007 ****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	4. FEI Number 59-1529226	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, HAROLD		NAME	William Lord	
STREET ADDRESS	7797 GOLF CIR DR		STREET ADDRESS	7797 GOLF Circle DR	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	MARGATE-FL 33063	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, ROBERT		NAME	Elie Rosenthal	
STREET ADDRESS	7797 GOLF CIR DR		STREET ADDRESS	7797 GOLF Circle DR	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	MARGATE-FLA 33063	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BERTIE		NAME	Roy Schwartz	
STREET ADDRESS	7797 GOLF CIRCLE DR		STREET ADDRESS	7797 GOLF Circle DR	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	MARGATE-FLA 33063	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, NATHAN		NAME	PERRY WEIS	
STREET ADDRESS	7797 GOLF CIRCLE DR		STREET ADDRESS	7797 GOLF Circle DR	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	MARGATE-FLA 33063	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUQUE, ROSALIE		NAME		
STREET ADDRESS	7797 GOLF CIRCLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSMAN, RA		NAME		
STREET ADDRESS	7787 GOLF CIRCLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL- 33063		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: <i>Nathan Schneider</i>			Date: 2/22/05 Daytime Phone #: 954-978-2046		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					