


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90147 012 \*\*\*\*61.25

<b>DOCUMENT # 724911</b>					
1. Entity Name <b>ORIOLE GOLF &amp; TENNIS CLUB CONDOMINIUM ONE J ASSOCIATION, INC.</b>					
Principal Place of Business <b>7797 GOLF CIRCLE DRIVE MARGATE FL 33063</b>		Mailing Address <b>7797 GOLF CIRCLE DRIVE MARGATE FL 33063</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1529226</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SMITH, BERTIE P 7797 GOLF CIRCLE DRIVE J-302 MARGATE FL 33063</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 reappointing) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LORD, WILLIAM</b>	NAME			
STREET ADDRESS	<b>7797 GOLF CIR DR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LEVINE, ROBERT</b>	NAME			
STREET ADDRESS	<b>7797 GOLF CIR DR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	CITY-ST-ZIP			
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SMITH, BERTIE</b>	NAME			
STREET ADDRESS	<b>7797 GOLF CIRCLE DR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	CITY-ST-ZIP			
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SCHNEIDER, NATHAN</b>	NAME			
STREET ADDRESS	<b>7797 GOLF CIRCLE DR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	CITY-ST-ZIP			
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DUQUE, ROSALIE</b>	NAME			
STREET ADDRESS	<b>7797 GOLF CIRCLE DRIVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SUSSMAN, RA</b>	NAME	<b>TREASURER</b>		
STREET ADDRESS	<b>7797 GOLF CIRCLE DRIVE</b>	STREET ADDRESS	<b>ELIEZER ROSENTHAL</b>		
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	CITY-ST-ZIP	<b>7797 GOLF CIRCLE DR, J-201</b>		
			<b>MARGATE, FL, 33063</b>		



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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