

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90392 014 ****61.25

DOCUMENT # 724911	
1. Entity Name	
ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE J ASSOCIATION, INC.	
Principal Place of Business	Mailing Address
7797 GOLF CIRCLE DRIVE MARGATE FL 33063	7797 GOLF CIRCLE DRIVE MARGATE FL 33063



2. Principal Place of Business - No P.O. Box # 7797 GOLF CIRCLE DR.	3. Mailing Address 7797 GOLF CIRCLE DR
Suite, Apt. #, etc. J-201	Suite, Apt. #, etc. J-201

1st MOORE CR2E037 (10/06)

City & State MARGATE, FL	City & State MARGATE, FL
Zip 33063	Zip 33063
Country	Country

4. FEI Number 59-1529226	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

6. Name and Address of Current Registered Agent	
SMITH, BERTIE P 7797 GOLF CIRCLE DRIVE J-302 MARGATE FL 33063	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name ELIEZER ROSENTHAL	
Street Address (P.O. Box Number is Not Acceptable) 7797 GOLF CIRCLE DR J-201	
City MARGATE	FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ELIEZER ROSENTHAL *Eliezer Rosenthal* **3/10/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORD, WILLIAM 7797 GOLF CIR DR MARGATE FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, ROBERT 7797 GOLF CIR DR MARGATE FL 33063 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, BERTIE 7797 GOLF CIRCLE DR MARGATE FL 33063 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDER, NATHAN 7797 GOLF CIRCLE DR MARGATE FL 33063 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUQUE, ROSALIE 7797 GOLF CIRCLE DRIVE MARGATE FL 33063 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENTHAL, ELIEZER 7797 GOLF CIRCLR DR. J-201 MARGATE FL 33063 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT TABB 7797 GOLF CIRCLE DR J-212 MARGATE, FL. 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.PRES PASQUALLE PETRILLO 7797 GOLF CIRCLE DR J-210 MARGATE, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ELIEZER ROSENTHAL 7797 GOLF CIRCLE DR J-201 MARGATE, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GRACE DEAK 7797 GOLF CIRCLE DR. J-203 MARGATE, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PERRY WEISS 7797 GOLF CIRCLE DR J-110 MARGATE, FL, 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WILLIAM LORD 7797 GOLF CIRCLE DR -J-311 MARGATE, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Eliezer Rosenthal *Eliezer Rosenthal* **ELIEZER ROSENTHAL 954-973-1196**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR