

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 724911
 1. Entity Name
ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE J ASSOCIATION, INC.



Principal Place of Business Mailing Address
7777 GOLF CIRCLE DRIVE MARGATE FL 33063 **7777 GOLF CIRCLE DRIVE MARGATE FL 33063**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 4. FEI Number **59-1529226** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROSENTHAL, ELIEZER
7797 GOLF CIRCLE DRIVE J-201
MARGATE FL 33063

7. Name and Address of New Registered Agent
 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 *Eliezer Rosenthal* **1/28/08**
Signature, typed or printed name of registered agent (and title, if applicable) (NOTE: Registered Agent signature required with reconstituting) DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

TITLE	D <input type="checkbox"/> Delete
NAME	LORD, WILLIAM
STREET ADDRESS	7797 GOLF CIR DR
CITY-ST-ZIP	MARGATE FL 33063
TITLE	P <input type="checkbox"/> Delete
NAME	TABB, ROBERT
STREET ADDRESS	7797 GOLF CIRCLE DRIVE J-212
CITY-ST-ZIP	MARGATE FL 33063
TITLE	VP <input type="checkbox"/> Delete
NAME	PETHILLO, PASQUALLE
STREET ADDRESS	7797 GOLF CIRCLE DRIVE J-210
CITY-ST-ZIP	MARGATE FL 33063
TITLE	T <input type="checkbox"/> Delete
NAME	ROSENTHAL, ELEIZER
STREET ADDRESS	7797 GOLF CIRCLE DRIVE J-201
CITY-ST-ZIP	MARGATE FL 33063
TITLE	S <input type="checkbox"/> Delete
NAME	DEAK, GRACE
STREET ADDRESS	7797 GOLF CIRCLE DRIVE J-203
CITY-ST-ZIP	MARGATE FL 33063
TITLE	D <input type="checkbox"/> Delete
NAME	WEISS, PERRY
STREET ADDRESS	7797 GOLF CIRCLE DRIVE J-110
CITY-ST-ZIP	MARGATE FL 33063

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000832692
CITY-ST-ZIP	02/27/08-80069-007 61.25
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 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, Treasurer* **1/28/08**