

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-28-2003 91458 030 ****61.25
08-11-2003 90287 048 ****61.25
724911

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DOCUMENT # 724911

1. Entity Name
**ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE J ASSO
CIATION, INC.**



03 AUG 15 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**7797 GOLF CIRCLE DRIVE 7797 GOLF CIRCLE DRIVE
MARGATE FL 33063 MARGATE FL 33063**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1529226** Applied For
Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TABB, ROBERT A
7797 GOLF CIR DR
MARGATE FL 33063**

Name **BERTIE P. SMITH**
Street Address (P.O. Box Number is Not Acceptable)
7797 GOLF CIRCLE DRIVE J-302
City **MARGATE** FL Zip Code **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: *Bertie P. Smith* DATE: **7/31/03**

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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 **D** Delete
NAME **SIMON, HAROLD**
STREET ADDRESS **7797 GOLF CIR DR**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **VP** Delete
NAME **LEVINE, ROBERT**
STREET ADDRESS **7797 GOLF CIR DR**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **TD** Delete
NAME **GABY, JANET**
STREET ADDRESS **7797 GOLF CIR DR**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **S** Delete
NAME **FENSTERSTOCK, SHIRLEY**
STREET ADDRESS **7797 GOLF CIR DR**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **AT** Delete
NAME **WILNER, LIZ**
STREET ADDRESS **7797 GOLF CIRCLE DR**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Change Addition
NAME **BERTIE SMITH**
STREET ADDRESS **7797 GOLF CIRCLE DR.**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **TD** Change Addition
NAME **NATHAN SCHNEIDER**
STREET ADDRESS **7797 GOLF CIRCLE DR.**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **SD** Change Addition
NAME **ROSALIE DUQUE**
STREET ADDRESS **7797 GOLF CIRCLE DR.**
CITY-ST-ZIP **MARGATE, FL. 33063**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bertie P. Smith Date Daytime Phone #

CR2E037 (4/03)