

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724911

**Entity Name:** ORIOLE GOLF & TENNIS CLUB CONDOMINIUM ONE J ASSOCIATION, INC.

**FILED**  
**Mar 21, 2017**  
**Secretary of State**  
**CC6961254414**

**Current Principal Place of Business:**

7797 GOLF CIRCLE DRIVE  
MARGATE, FL 33063

**Current Mailing Address:**

7777 GOLF CIRCLE DRIVE  
MARGATE, FL 33063

**FEI Number: 59-1529226**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAMPBELL PROPERTY MANAGEMENT  
7797 GOLF CIRCLE DRIVE  
UNIT 212  
MARGATE, FL 33063 US

*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.*

**SIGNATURE: ROBERT TABB**

**03/21/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BURKE, JAMES  
Address        7797 GOLF CIR DR  
City-State-Zip: MARGATE FL 33063

Title           PRESIDENT  
Name           ROBERT, TABB  
Address        7797 GOLF CIRCLE DRIVE  
                  UNIT 212  
City-State-Zip: MARGATE FL 33063

Title           S  
Name           KOCHINKA, CORINNE  
Address        7797 GOLF CIRCLE DRIVE  
City-State-Zip: MARGATE FL 33063

Title           DIRECTOR  
Name           SCHWARTZ, LEROY  
Address        7797 GOLF CIRCLE DRIVE  
                  UNIT 109  
City-State-Zip: MARGATE FL 33063

Title           DIRECTOR  
Name           LORD, BILL  
Address        7797 GOLF CIRCLE DRIVE  
                  UNIT 311  
City-State-Zip: MARGATE FL 33063

Title           VP  
Name           BERT, SMITH  
Address        7797 GOLF CIRCLE DRIVE  
                  302  
City-State-Zip: MARGATE FL 33063

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT TABB**

**PRESIDENT**

**03/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date