FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714060 (1)

1. Corporation Name
OCEAN DRIVE MANOR, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
590 OCEAN DRIVE KEY BISCAYNE FL 33149	590 OCEAN DRIVE KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified: 02/05/1968
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1288439 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CERTIFIED PROPERTY MANAGEMENT CORP
170 OCEAN LANE DR
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Director	☑ Change ☐ Addition
NAME	~~APEY, BRENDA~~	1.2 NAME	Carlos Scudieri	
STREET ADDRESS	590 OCEAN DRIVE	1.3 STREET ADDRESS	590 Ocean Drive	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	1.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	~~MINOR, STEVE~~	2.2 NAME	Myles Halman	
STREET ADDRESS	590 OCEAN DRIVE	2.3 STREET ADDRESS	590 Ocean Drive	
CITY-ST-ZIP	KEY BISCAYNE FL	2.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	SD	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	~~MAIZTEGUI, SYLVIA~~	3.2 NAME	Olga Smith	
STREET ADDRESS	590 OCEAN DRIVE	3.3 STREET ADDRESS	590 Ocean Dr.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	3.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	~~SCUDERI, CARLOS~~	4.2 NAME		
STREET ADDRESS	590 OCEAN DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE	PD	☑ Change ☐ Addition
NAME	~~RANDOLPH, LEE~~	5.2 NAME	Randolph, Lee	
STREET ADDRESS	590 OCEAN DR.	5.3 STREET ADDRESS	590 Ocean Dr	
CITY-ST-ZIP	KEY BISCAYNE FL	5.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	TD	6.1 TITLE	TD	☑ Change ☐ Addition
NAME	SAMORA, PABLO	6.2 NAME	Joseph Driscoll	
STREET ADDRESS	590 OCEAN DR	6.3 STREET ADDRESS	590 Ocean Dr.	
CITY-ST-ZIP	KEY BISCAYNE FL	6.4 CITY-ST-ZIP	Key Biscayne FL 33149	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Driscoll 4-24-95 361-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH DRISCOLL

0043681