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 MAR -2 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719100 (0)

1. Corporation Name

OCEAN RIVIERA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3550 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	3550 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1970
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-1346320 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

KRAEHENBUEHL, A. OSCAR
3550 GALT OCEAN DR
33308 FL 33308

10. Name and Address of New Registered Agent

81 Name: BLOOMBERG, IRWIN
82 Street Address (P.O. Box Number is Not Acceptable): 3550 Galt Ocean Drive
83
84 City: Fort Lauderdale, **FL** 85 Zip Code: 33308

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: Irwin Bloomberg PRESIDENT, Irwin Bloomberg February 22, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	1.1 TITLE		☐ Change	☐ Addition
NAME	PIZZINO, NORMAN T	1.2 NAME			
STREET ADDRESS	3550 GALT OCEAN DR	1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP			
TITLE	VD	2.1 TITLE	ASD	☒ Change	☒ Addition
NAME	SABINO, RICHARD	2.2 NAME	PIRONE, MARTIN		
STREET ADDRESS	3550 GALT OCEAN DR	2.3 STREET ADDRESS	3550 Galt Ocean Drive		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308		
TITLE	TD	3.1 TITLE	VD;TD	☒ Change	☐ Addition
NAME	SHAPIRO, HAROLD	3.2 NAME			
STREET ADDRESS	3550 GALT OCEAN DR	3.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	3.4 CITY-ST-ZIP			
TITLE	D	4.1 TITLE	ATD	☒ Change	☒ Addition
NAME	MIANO, S.	4.2 NAME	O'CONNELL, DANIEL		
STREET ADDRESS	3550 GALT OCEAN DR	4.3 STREET ADDRESS	3550 Galt Ocean Drive		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308		
TITLE	PD	5.1 TITLE	PD	☒ Change	☒ Addition
NAME	KRAEHENBUEHL, A. OSCAR	5.2 NAME	BLOOMBERG, IRWIN		
STREET ADDRESS	3550 GALT OCEAN DR	5.3 STREET ADDRESS	3550 Galt Ocean Drive		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308		
TITLE		6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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: Irwin Bloomberg Irwin Bloomberg 2/22/95 (305) 565-1631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045700