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Feb 10, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-10-1999 90003 013 *****61.25

DOCUMENT # 719100

1. Corporation Name

OCEAN RIVIERA ASSOCIATION, INC.

Principal Place of Business

3550 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308

Mailing Address

3550 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

03/05/1970

4. FEI Number

59-1346320

Applied For

Not Applicable

5. Certificate of Status Desired

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

Fee Required

Added to Fees

9. Name and Address of Current Registered Agent

BLOOMBERG, IRWIN
3550 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Irwin Bloomberg*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 1-18-99

12. OFFICERS AND DIRECTORS

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	PIZZINO, NORMAN T	
STREET ADDRESS	3550 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDSMITH, RICHARD	
STREET ADDRESS	3500 GALT OCEAN DRIVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VDTD	<input type="checkbox"/> DELETE
NAME	SHAPIRO, HAROLD	
STREET ADDRESS	3550 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	O'CONNELL, DANIEL	
STREET ADDRESS	3550 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLOOMBERG, IRWIN	
STREET ADDRESS	3550 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIRONE, MARTIN	
STREET ADDRESS	3550 GALT OCEAN DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Irwin Bloomberg* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/19/99

Daytime Phone #

CR2E037 (11/98)