

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90140 012 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 719100

1. Entity 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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-1346320	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD GOLDSMITH
3550 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 *X*

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

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. 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	P	<input type="checkbox"/> Delete
NAME	GOLDSMITH, RICHARD	
STREET ADDRESS	3500 GALT OCEAN DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
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	SD	<input type="checkbox"/> Delete
NAME	KNOX, ELLEN	
STREET ADDRESS	3550 GALT OCEAN DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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: *X* SIGNATURE REQUIRED *Richard Goldsmith 7/9/02 954 450 7526*

CR2E037 (4/02)