2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)-

changed, or on an attachme

SIGNATURE:

Mar 22, 2004 8:00 am Secretary of State **DOCUMENT # 719100** 03-09-2004 90029 009 ****61.25 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 66407184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1346320 Not Applicable Ζiρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Michael R.-Johansen, Manager - -**BLOOMBERG, IRWIN** Street Address (P.O. Box Number is Not Acceptable) 3550 GALT OCEAN DRIVE 3550 Galt Ocean Drive FORT LAUDERDALE FL 33308 Tt. Lauderdale FL \$3308 8. The above named entity submits this stategrent to 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. Michael R. donangen, Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ASD Change XX Addition XIX Delete ASD THIS THLE PIZZINO, NORMAN T NAME NAME Finkelman, Jack 3550 GALT OCEAN DR B550 Galt Ocean Dr. Ft. Lauderdale FL 33308 STREET ADDRESS STREET ADORESS FT LAUDERDALE, FL 00000 CITY-ST-ZIP CITY-ST-ZIP Change XX Addition ☐ Delete TITLE TITLE GOLDSMITH, RICHARD Bloomberg, Irwin NAME NAME 3500 GALT OCEAN DRIVE 3550 Galt Ocean Dr. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP CITY- ST-71P Ft. Lauderdale, F<u>L 33308</u> ☐ Change X ▲ Addition TITLE ☐ Delete TITLE SHAPIRO-HAROLD -- imon, Morris NAME NAME 3550 GALT OCEAN DR STREET ADDRESS 3 550 Galt Ocean Dr. STREET ADDRESS FT LAUDERDALE, FL 00000 CITY-ST-ZIP Ft. Lauderdale FL 33308 डाठ ■ Addition TITLE ☐ Delete TITLE ☐ Change O'CONNELL, DANIEL NAME HAME 3550 GALT OCEAN DR STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE KNOX. ELLEN NAME 3550 GALT OCEAN DRIVE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 of the receiver or trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED