


**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90063 020 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|  |  |   |         |
|--|--|---|---------|
| <b>DOCUMENT # 719100</b><br>1. Entity Name<br><b>OCEAN RIVIERA ASSOCIATION, INC.</b>   |  |    |         |
| Principal Place of Business<br><b>3550 GALT OCEAN DRIVE<br/>         FORT LAUDERDALE, FL 33308</b>   |  | Mailing Address<br><b>3550 GALT OCEAN DRIVE<br/>         FORT LAUDERDALE, FL 33308</b>  |         |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |         |
| City & State   |  | City & State  |         |
| Zip  | Country  | Zip   | Country |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>ROBERT KAYE &amp; ASSOCIATES, P.A.<br/>         6261 NW 6TH WAY<br/>         SUITE 103<br/>         FORT LAUDERDALE, FL 33309</b>   |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>  |         |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |         |
| <b>Filing Fee is \$61.25<br/>         Due by May 1, 2008</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |         |
| <b>Make check payable to<br/>         Florida Department of State</b>  |  |   |         |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |         |
| TITLE<br><b>P</b>  | <input type="checkbox"/> Delete<br>NAME<br><b>O'NEILL, ELLEN</b><br>STREET ADDRESS<br><b>3550 GALT OCEAN DR</b><br>CITY-ST-ZIP<br><b>FORT LAUDERDALE, FL 33308</b>             | TITLE<br><b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><b>EHRNSHAFT, MARK</b><br>STREET ADDRESS<br><b>3550 GALT OCEAN DR</b><br>CITY-ST-ZIP<br><b>FORT LAUDERDALE, FL 33308</b>        |         |
| TITLE<br><b>V</b>  | <input type="checkbox"/> Delete<br>NAME<br><b>EHRNSHAFT, MARK E</b><br>STREET ADDRESS<br><b>3550 GALT OCEAN DR</b><br>CITY-ST-ZIP<br><b>FORT LAUDERDALE, FL 33308</b>          | TITLE<br><b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><b>PHILLIPS, BRADLEY</b><br>STREET ADDRESS<br><b>3550 GALT OCEAN DR</b><br>CITY-ST-ZIP<br><b>FORT LAUDERDALE, FL 33308</b> |         |
| TITLE<br><b>T</b>  | <input type="checkbox"/> Delete<br>NAME<br><b>SANICHAS, HELEN M</b><br>STREET ADDRESS<br><b>3550 GALT OCEAN DR</b><br>CITY-ST-ZIP<br><b>FORT LAUDERDALE, FL 33308</b>          | TITLE<br><b>TREASURER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><b>SANICHAS, HELEN M</b><br>STREET ADDRESS<br><b>3550 GALT OCEAN DR.</b><br>CITY-ST-ZIP<br><b>FT. LAUDERDALE, FL 33308</b>                 |         |
| TITLE<br><b>D</b>  | <input type="checkbox"/> Delete<br>NAME<br><b>SPEVAK, CHRISTOPHER</b><br>STREET ADDRESS<br><b>3550 GALT OCEAN DR.</b><br>CITY-ST-ZIP<br><b>FORT LAUDERDALE, FL 33308</b>       | TITLE<br><b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><b>SPEVAK, CHRISTOPHER</b><br>STREET ADDRESS<br><b>3550 GALT OCEAN DR</b><br>CITY-ST-ZIP<br><b>FT. LAUDERDALE, FL 33308</b>                 |         |
| TITLE<br><b>T</b>  | <input type="checkbox"/> Delete<br>NAME<br><b>KNOX, ELLEN J</b><br>STREET ADDRESS<br><b>3550 GALT OCEAN DR.</b><br>CITY-ST-ZIP<br><b>FT. LAUDERDALE, FL 33308</b>              | TITLE<br><b>TREASURER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><b>KNOX, ELLEN J</b><br>STREET ADDRESS<br><b>3550 GALT OCEAN DR</b><br>CITY-ST-ZIP<br><b>FT. LAUDERDALE, FL 33308</b>                      |         |
| TITLE<br><b>T</b>  | <input checked="" type="checkbox"/> Delete<br>NAME<br><b>LUPOWITZ, MARC</b><br>STREET ADDRESS<br><b>3550 GALT OCEAN DR.</b><br>CITY-ST-ZIP<br><b>FORT LAUDERDALE, FL 33308</b> | TITLE<br><b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><b>O'NEILL, ELLEN</b><br>STREET ADDRESS<br><b>3550 GALT OCEAN DR</b><br>CITY-ST-ZIP<br><b>FT. LAUDERDALE, FL 33308</b>          |         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |   |         |
| <b>SIGNATURE:</b> <i>S. M. Dennis</i>  |  | <i>H. M. Sanichas</i>   |         |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <small>Date</small> <b>4/9/08</b> <small>Daytime Phone #</small> <b>954-361-1631</b>  |         |