

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **735080** (4)
1. Corporation Name
OCEANVIEW PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**800 PARKVIEW DR.
APT. #125
HALLANDALE FL 33009
US**

Mailing Address
**800 PARKVIEW DR.
#125
HALLANDALE FL 33009
US**

3. Date Incorporated or Qualified
03/01/1976

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1669983

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKINS, RICHARD S
800 PARKVIEW DR
HALLANDALE FL 33009**

81 Name
Mermelstein, Seymour

82 Street Address (P.O. Box Number is Not Acceptable)
1000 Parkview Drive

83
#919

84 City
Hallandale

85 Zip Code
FL 33009

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 **Seymour Mermelstein**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 24, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	WILKINS, RICHARD	800 PARKVIEW DR	HALLANDALE FL	<input checked="" type="checkbox"/>
V	WARREN, BELLA	1000 PARKVIEW DR	HALLANDALE FL	<input checked="" type="checkbox"/>
S	NONGRADOS, JOAN	800 PARKVIEW DR	HALLANDALE FL	<input checked="" type="checkbox"/>
T	VARNELL, ROBERT	1000 PARKVIEW DR	HALLANDALE FL	<input type="checkbox"/>
D	PLAUT, ERIC	800 PARKVIEW DR	HALLANDALE FL	<input checked="" type="checkbox"/>
D	WASSER, MORRIS	1000 PARKVIEW DR	HALLANDALE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
P	Mermelstein, Seymour	1000 Parkview Dr.	Hallandale, FL 33009	V	Marting, Timothy	1000 Parkview Dr.	Hallandale, FL 33009	S	Psomopoulos, John	800 Parkview Dr.	Hallandale, FL 33009	D	Montana, Armando	800 Parkview Dr.	Hallandale, FL 33009	D	Wise, Julius	800 Parkview Dr.	Hallandale, FL 33009				

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)(k), 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: **Seymour Mermelstein, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Seymour Mermelstein, President

4/4/96 (954)456-8555

Date

Daytime Phone #

CR2E037 (12/95)