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Jul 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 735080
1. Corporation Name
OCEANVIEW PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
800 Parkview Drive Apt. #125 Hallandale, FL 33009
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3. Date Incorporated or Qualified 03/01/76
3a. Date of Last Report 04/04/96
4. FEI Number 59-1669983
Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MERMELSTEIN, SEYMOUR
800 PARKVIEW DRIVE, #125
HALLANDALE, FL 33009

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 *Seymour Mermelstein Pres.* DATE June 25, 1997
Signature of officer or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mermelstein, Seymour	12 NAME	
STREET ADDRESS	800 Parkview Dr.	13 STREET ADDRESS	
CITY-ST-ZIP	Hallandale, FL 33009	14 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	21 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marting, Timothy	22 NAME	Hoffman, Carl
STREET ADDRESS	800 Parkview Dr.	23 STREET ADDRESS	800 Parkview Dr.
CITY-ST-ZIP	Hallandale, FL 33009	24 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Psomopoulos, John	32 NAME	900002233499
STREET ADDRESS	800 Parkview Dr.	33 STREET ADDRESS	-07/09/97--01024--018
CITY-ST-ZIP	Hallandale, FL 33009	34 CITY-ST-ZIP	***61.25
TITLE	T <input checked="" type="checkbox"/> DELETE	41 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Varnell, Robert	42 NAME	Wasser, Morris
STREET ADDRESS	800 Parkview Dr.	43 STREET ADDRESS	800 Parkview Dr.
CITY-ST-ZIP	Hallandale, FL 33009	44 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Montana, Armando	52 NAME	Stein, Esther
STREET ADDRESS	800 Parkview Dr.	53 STREET ADDRESS	800 Parkview Dr.
CITY-ST-ZIP	Hallandale, FL 33009	54 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wise, Julius	62 NAME	Simon, Barbara
STREET ADDRESS	800 Parkview Dr.	63 STREET ADDRESS	800 Parkview Dr.
CITY-ST-ZIP	Hallandale, FL 33009	64 CITY-ST-ZIP	Hallandale, FL 33009

14. I do 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. 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.* SEYMOUR MERMELSTEIN 6/25/97 954-456-8555
MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036117