


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735080** (4)  
1. Corporation Name  
**OCEANVIEW PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>800 PARKVIEW DR. APT. #125 HALLANDALE FL 33009 US</b>		Mailing Address <b>800 PARKVIEW DR. #125 HALLANDALE FL 33009 US</b>		3. Date Incorporated or Qualified <b>03/01/1976</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-1669983</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>		Country <b>25</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip <b>29</b>		Country <b>30</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MERMELSTEIN, SEYMOUR 800 PARKVIEW DR. APT. #125 HALLANDALE FL 33009</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Barbara Simon</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>800 Parkview Drive</b>	
				83 Apt. #125	
				84 City <b>Hallandale</b>	
				85 Zip Code <b>FL 33009</b>	

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 *Barbara Simon* **Barbara Simon** **4/21/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERMELSTEIN, SEYMOUR			1.2 NAME	Barbara Simon		
STREET ADDRESS	1000 PARKVIEW DR.			1.3 STREET ADDRESS	800 Parkview Dr.		
CITY-ST-ZIP	HALLANDALE FL			1.4 CITY-ST-ZIP	Hallandale, FL 33009		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	(See Above)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFMAN, CARL			2.2 NAME			
STREET ADDRESS	800 PARKVIEW DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PSOMOPOULOS, JOHN			3.2 NAME	Sylvia Gardner		
STREET ADDRESS	800 PARKVIEW DR.			3.3 STREET ADDRESS	800 Parkview Dr.		
CITY-ST-ZIP	HALLANDALE FL			3.4 CITY-ST-ZIP	Hallandale, FL 33009		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	(See Barbara Simon - above)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASSER, MORRIS			4.2 NAME			
STREET ADDRESS	800 PARKVIEW DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEIN, ESTHER			5.2 NAME	Richard Salonia		
STREET ADDRESS	800 PARKVIEW DR.			5.3 STREET ADDRESS	800 Parkview Dr.		
CITY-ST-ZIP	HALLANDALE FL			5.4 CITY-ST-ZIP	Hallandale, FL 33009		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMON, BARBARA			6.2 NAME	Nat Solinsky		
STREET ADDRESS	800 PARKVIEW DR.			6.3 STREET ADDRESS	800 Parkview Dr.		
CITY-ST-ZIP	HALLANDALE FL 33009			6.4 CITY-ST-ZIP	Hallandale, FL 33009		

14. 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 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: *Sylvia Gardner* **Sylvia Gardner** **4/15/98** **954-456-8555**

CR2E037 (10/97)