

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735080

1. Entity Name

OCEANVIEW PARK CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90177 015 ****61.25

Principal Place of Business 800 PARKVIEW DR. APT. #125 HALLANDALE FL 33009 US	Mailing Address 800 PARKVIEW DR. #125 HALLANDALE FL 33009-2923 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-1669983** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMON, BARBARA
 800 PARKVIEW DRIVE
 APT. #125
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **JULIUS WISE**
 Street Address (P.O. Box Number is Not Acceptable) **800 PARKVIEW DRIVE**
APT 920
 City **HALLANDALE, FL** FL Zip Code **33009**

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.

SIGNATURE *[Signature]* DATE **1/10/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SIMON, BARBARA	
STREET ADDRESS	800 PARKVIEW DR #125	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEINSTEIN, DAVID	
STREET ADDRESS	800 PARKVIEW DR #125	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PERCUDANI, ANITA	
STREET ADDRESS	800 PARKVIEW DR #125	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	ED	<input type="checkbox"/> Delete
NAME	STEIN, ESTHER	
STREET ADDRESS	800 PARKVIEW DR #125	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIUS WISE	
STREET ADDRESS	800 PARKVIEW DR #920	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	Treasurer.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	PRETOR GOLDSMITH	
CITY-ST-ZIP	1000 PARKVIEW DR. #402	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	Vice-President.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIR 2000	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	JRA MITCHELL	
CITY-ST-ZIP	1000 PARKVIEW DR #210	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHAN SOLINSKY	
STREET ADDRESS	800 PARKVIEW DR. #921	
CITY-ST-ZIP	HALLANDALE, FL 33009	

12. 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 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.

SIGNATURE: *[Signature]* DATE **1/10/00** DAYTIME PHONE # **2549237009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 19/99