

FILED  
Mar 29, 2002 8:00 am  
Secretary of State

02-11-2002 90061 047 \*\*\*\*61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735080

1. Entity Name

OCEANVIEW PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

800 PARKVIEW DR.  
APT. #125  
HALLANDALE FL 33009  
US

800 PARKVIEW DR.  
#125  
HALLANDALE FL 33009  
US

420951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1669983

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, IRA  
1000 PARKVIEW DR  
APT. #210  
HALLANDALE FL 33009

Name Joan Nongrados  
Street Address (P.O. Box Number is Not Acceptable) 800 Parkview Drive #520  
City Hallandale 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 *Joan Nongrados*  
Signature, typed or printed name of registered agent and title if applicable.

President

1/14/02  
DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	Delete
NAME	TERC, NEMEN	
STREET ADDRESS	2412 NE 11 STREET	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	Delete
NAME	NONGRADOS, JOAN	
STREET ADDRESS	800 PARKVIEW DR #520	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	Delete
NAME	GOLDSMITH, ARTHUR	
STREET ADDRESS	800 PARKVIEW DR #125	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	Delete
NAME	WILKINS, RICHARD	
STREET ADDRESS	800 PARKVIEW DR #902	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	P	Delete
NAME	MITCHELL, IRA	
STREET ADDRESS	1000 PARKVIEW DR., APT. 210	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	Delete
NAME	SOLINSKY, NATHAN	
STREET ADDRESS	800 PARKVIEW DR #921	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan nongrados	
STREET ADDRESS	800 Parkview Dr #520	
CITY-ST-ZIP	Hallandale FL 33009	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Dolson	
STREET ADDRESS	800 Parkview Dr	
CITY-ST-ZIP	Hallandale FL 33009	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur Goldsmith	
STREET ADDRESS	800 Parkview Dr #	
CITY-ST-ZIP	Hallandale FL 33009	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Horacio Rojas	
STREET ADDRESS	800 Parkview Dr	
CITY-ST-ZIP	Hallandale FL 33009	
TITLE	Board member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	nemen terc	
STREET ADDRESS	2412 ne 11th street	
CITY-ST-ZIP	Hallandale FL 33009	
TITLE	Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hendrik Klein #614	
STREET ADDRESS	800 Parkview Dr Hallandale FL	
CITY-ST-ZIP	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: *Joan Nongrados*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 954-4568557  
Date Daytime Phone #

CR2E037 (9/01)