


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90229 040 \*\*\*\*70.00

**DOCUMENT # 735080**

1. Entity 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**

**50020311**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02182005 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip Country Zip Country

4. FEI Number  
**59-1669983**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRACHOW, LEO  
 1000 PARKVIEW DRIVE  
 530  
 HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name  
**MYRNA TORRES**

Street Address (P.O. Box Number is Not Acceptable)  
**800 PARKVIEW DRIVE #619**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **VICE PRESIDENT** 2-18-05

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

Filing Fee is **\$61.25**  
 Due by **May 1, 2005**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUNEZ, GABRIEL 1000 PARKVIEW DRIVE #220 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRARGHOW, LEO 1000 PARKVIEW DR # 530 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GANT, TAMARA 800 PARKVIEW DRIVE #424 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOMEZ, ROY 1000 PARKVIEW DRIVE #409 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANJAUN, ELIZABETH 1000 PARKVIEW DRIVE #630 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANJURJO, IVONNE 800 PARKVIEW DRIVE #131 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANT, TAMARA 800 PARKVIEW DRIVE #424 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRES, MYRNA 800 PARKVIEW DRIVE #619 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERENSON, GLORIA 1000 PARKVIEW DRIVE #723 HALLANDALE, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRECEA, GEORGIANA 800 PARKVIEW DRIVE #515 HALLANDALE, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN BRUNT, ROY 800 PARKVIEW DRIVE #1016 HALLANDALE, FLORIDA 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTAQUE, JUANITA 800 PARKVIEW DRIVE #827 HALLANDALE, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **VICE PRESIDENT** 2-18-05 954456835

Signature and typed or printed name of signing officer or director Date Daytime Phone #

Oceanview Park Condominium # 735080

ATTACHMENT

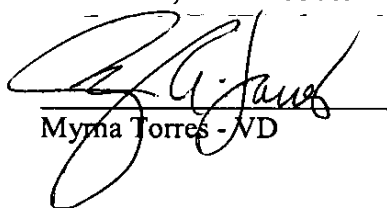
800 Parkview Drive #125  
Hallandale, Florida 33009  
(954) 456-8555  
Fax (954) 456-8173

50020311

ADD-On to Block 10 :

Title: Director  
Name: Ivonne, Sanjurjo  
Street Address: 800 Parkview Drive #130  
City, State, Zip: Hallandale, Florida 33009

SIGNATURE:



Myma Torres - VD