

**2001 UNIFORM BUSINESS REPORT (UBR) AMENDED**

DOCUMENT # 736215  
 1. Entity Name  
 OCEAN LAKEVIEW CONDOMINIUM ASSOCIATION, INC.

FILED  
 01 OCT 17 PM 4:28  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
 2455 FLAMINGO DRIVE 2455 FLAMINGO DRIVE  
 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
 59-1887253 Not Applicable

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

6. Name and Address of Current Registered Agent  
 WOLMAN, MARTIN  
 2455 FLAMINGO DR. # 406  
 MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent  
 Name SCHMITT, HAROLD  
 Street Address (P.O. Box Number is Not Acceptable)  
 2455 FLAMINGO DR. # 502  
 City MIAMI BEACH FL Zip Code 33140

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 x *Harold Schmitt* HAROLD SCHMITT, PRESIDENT 9/10/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE NAME	VD WOLMAN, MARTIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2455 FLAMINGO DR.	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE NAME	PD LORET DE MOLA, JORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2455 FLAMINGO DR.	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE NAME	TD GARCIA, RICARDO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2455 FLAMINGO DR.	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	900004669759--6	
CITY-ST-ZIP	-11/06/01--01084--019	
	*****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD SCHMITT, HAROLD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2455 FLAMINGO DR.	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE NAME	VD HAZLETT, JOSEPH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2455 FLAMINGO DR.	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE NAME	TD LIPSCHUTZ, SARAH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2455 FLAMINGO DR.	
CITY-ST-ZIP	MIAMI BEACH, FL	

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: x *Harold Schmitt* HAROLD SCHMITT, PRESIDENT 305-673-0283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)