


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90232 008 ****61.25

DOCUMENT # 736215					
1. Entity Name OCEAN LAKEVIEW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2455 FLAMINGO DR. MIAMI BEACH, FL 33140			Mailing Address 2455 FLAMINGO DR. MIAMI BEACH, FL 33140		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1887253	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHMITT, HAROLD 2455 FLAMINGO DR., #502 MIAMI BEACH, FL 33140			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHMITT, HAROLD	NAME	GARCIA, RICARDO		
STREET ADDRESS	2455 FLAMINGO DR.	STREET ADDRESS	2455 FLAMINGO DR.		
CITY-ST-ZIP	MIAMI BEACH, FL	CITY-ST-ZIP	MIAMI BEACH, FL		
TITLE	VD <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAZLETT, JOSEPH	NAME	DRURY, JOSEPH		
STREET ADDRESS	2455 FLAMINGO DR.	STREET ADDRESS	2455 FLAMINGO DR.		
CITY-ST-ZIP	MIAMI BEACH, FL	CITY-ST-ZIP	MIAMI BEACH, FL		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIPSCHUTZ, SARAH	NAME			
STREET ADDRESS	2455 FLAMINGO DR.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>x Harold Schmitt</i>		HAROLD SCHMITT		4/21/04 305-513-5075	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRESIDENT		Date Daytime Phone #	