


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90555 038 ****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 <u>DANA FERNETY</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>2455 FLAMINGO DR # 206</u>		
			City <u>MIAMI BEACH</u> FL Zip Code <u>33140</u>		
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 <i>[Signature]</i>		DANA FERNETY, PRESIDENT		4/26/05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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 checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMITT, HAROLD		NAME	SCHMITT, HAROLD FERNETY, DANA	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZLETT, JOSEPH		NAME		
STREET ADDRESS	2455 FLAMINGO DR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, RICHARD		NAME		
STREET ADDRESS	2455 FLAMINGO DR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRURY, JOSEPH		NAME		
STREET ADDRESS	2455 FLAMINGO DR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LORET DE MOLA, JORGE	
STREET ADDRESS			STREET ADDRESS	2455 FLAMINGO DR.	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI BEACH, FL	
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>[Signature]</i>		DANA FERNETY		4/26/05 305-5779-1340	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	

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