

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:05

DOCUMENT # **743375** (8)
1. Corporation Name
OCEANSIDE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
5555 COLLINS AVENUE MIAMI BEACH FL 33140 **5555 COLLINS AVENUE MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/26/1978	3a. Date of Last Report 01/19/1994
4. FEI Number 59-1863246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
SCHRIER, ROBERT C.
5555 COLLINS AVE., OFFICE MIAMI BCH, FL MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
81 Name **Moskovitz, Robert**
82 Street Address (P.O. Box Number is Not Acceptable) **5555 Collins Avenue Office**
83
84 City **Miami Beach** FL 85 Zip Code **33140**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Robert Moskowitz* **Robert Moskowitz** **March 06, 1995**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DOPAZO, JORGE
STREET ADDRESS	5555 COLLINS UNIT 17Y
CITY-ST-ZIP	MIAMI BCH FL
TITLE	PD
NAME	SCHRIER, ROBERT
STREET ADDRESS	5555 COLLINS UNIT 10A
CITY-ST-ZIP	MIAMI BCH FL
TITLE	SD
NAME	FRAME, ROBERT
STREET ADDRESS	5555 COLLINS AVE., UNIT 7F
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VD
NAME	SCHWARETZBEN, MELVYN
STREET ADDRESS	5555 COLLINS AVE UNIT 8J
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	REINGOLD, MARTIN
STREET ADDRESS	5555 COLLINS AVE UNIT 16T
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	CHASE, BARRY
STREET ADDRESS	5525 COLLINS AVE., UNIT 00
CITY-ST-ZIP	MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Moskovitz, Robert
1.3 STREET ADDRESS	5555 Collins Av. Apt. 9-J
1.4 CITY-ST-ZIP	Miami Beach, FL 33140
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Granito, Frank R.
2.3 STREET ADDRESS	5555 Collins Av. Apt. 9-K
2.4 CITY-ST-ZIP	Miami Beach, FL 33140
3.1 TITLE	2VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Miller, Bernard
3.3 STREET ADDRESS	5555 Collins Av. Apt. 12-R
3.4 CITY-ST-ZIP	Miami Beach, FL 33140
4.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Schwartzben, Melvyn
4.3 STREET ADDRESS	5555 Collins Av. Apt. 8-J
4.4 CITY-ST-ZIP	Miami Beach, FL 33140
5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Reingold, Martin
5.3 STREET ADDRESS	5555 Collins Av. Apt. 16-T
5.4 CITY-ST-ZIP	Miami beach, FL 33140
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Karpel, Isaac
6.3 STREET ADDRESS	5555 Collins Av. Apt. 4-H
6.4 CITY-ST-ZIP	Miami Beach, FL 33140

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Moskowitz* **Robert Moskowitz** **(305) 866-7617**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Daytime Phone #)