## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 743375**

1. Corporation Name

OCEANSIDE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 5555 COLLINS AVENUE MIAMI BEACH FL 33140

Mailing Address

5555 COLLINS AVENUE MIAMI BEACH FL 33140

## **FILED** Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90135 029 \*\*\*\*61.25

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<b>—</b>	lace of Business	2a. Mailing Address				3. Date incorporate 06/26/1978	d or Qualifed			
Suite, Apt.	# etc	Suite, Apt.	#, etc.	-		4. FEI Number			App	lied For
22	r, 610.	27	,			59-1863246			<del> </del>	Applicable
City & Stat	е	City & Sta	te	-		5. Certificate of Stat	us Desired	) - ··· (	8.75 Ac	
23   Zip	Country	Zip		Country		6. Election Campai			\$5.00 N Added to	
24	[25]	29	30			Trust Fund Control  10. Name and Addr		stored And		F885
	9. Name and Address of Current	Registered Ager	<u> </u>	81	Name	10. Name and Addr	ess of Man Mahi	atered Age		
MOSKOVITZ, ROBERT						dress (P.O. Box Number	s Not Acceptable)	)		
5555 COLLINS AVE., OFFICE				83						
MIAMI BEACH FL 33140										
***************************************				84	City			FI.	35 Zip C	ode ,
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such ch	ange was autho	nized by	the corpora	rporation submits this stat tion's board of directors. I	ement for the purp hereby accept the	pose of cha e appointm	nging its r ent as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Regi	stered Ager	nt signature requi	ired when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHAI	IGES TO OFFICE			
TITLE	PD		DELETE	1.1 TITLE	1		- , , .		] Change	☐ Addition
NAME	Moskovitz, Robert			1.2 NAME					*	
STREET ADDRESS	5555 COLLINS AVE #9J			1.3 STREET	TADDRESS					
CITY-ST-ZIP	MIAMI BCH FL			1,4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·	· .		
TITLE	SD	Ĺ	DELETE	2.1 TITLE					] Change	☐ Addition
NAME	MILLER, BERNARD			2.2 NAME			•			•
STREET ADDRESS	5555 COLLINS AVE #12R			2.3 STREE	TADORESS					
CITY-ST-ZIP	MIAMI BEACH FL			2.4 CITY-S	T-ZIP					
TITLE	VD	Ε	DELETE	3.1 TITLE		San See 1			] Change	- Addition
NAME	SCHWARETZBEN, MELVYN			3.2 NAME	-					
STREET ADDRESS	5555 COLLINS AVE UNIT 8J			3.3 STREET	T ADDRESS		•	-		• •
CITY-ST-ZIP	MIAMI BEACH FL			3.4. CITY-S	ST-ZIP				Change	☐ Addition
TITLE	TD	L		4.1 TITLE				٠.	1 cuanha	
NAME	REINGOLD, MARTIN			4. 2 NAME						
STREET ADDRESS				4.3 STREE					•	
CITY-ST-ZIP	MIAMI BEACH FL	r		4.4 CITY-S 5.1 TITLE	I-ZIP				7 Change	Addition
TITLE		Ļ.,	1	5.2 NAME				_		<b>—</b> ;
NAME				5.3 STREE	TADDRESS					
STREET ADDRESS				5.4 CITY-S	ł		÷			
CITY-ST-ZIP			DELETE	6.1 TITLE	<del></del>				Change	Addition
NAME				6.2 NAME					. •	,
			ł	6.3 STREE	T ADDRESS		,	•		
STREET ADDRESS				0.0001100						• .

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.