


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 743375**  
 1. Entity 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
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1863246	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  
 MOSKOVITZ, ROBERT  
 5555 COLLINS AVE., OFFICE  
 MIAMI BEACH, FL 33140

**DO NOT WRITE IN THIS SPACE**

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: N/A  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000124678  
 04/22/04-80053-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOSKOVITZ, ROBERT 5555 COLLINS AVE #8J MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MILLER, BERNARD 5555 COLLINS AVE #12R MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHWARTZBEN, MELVYN 5555 COLLINS AVE UNIT 8J MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BLUM, SEEMA 5555 COLLINS AVE UNIT 16T MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Bernard Miller - Treasurer **4/19/2004** **305-846-7618**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #