

AMENDED


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

06-01-2006 90003 046 ***61.25 743375

FILED

06 JUN -6 AM 8:54

SECRETARY OF STATE TALLAHASSEE, FLORIDA 50020205

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
05232006		Chg-NP CR2E037 (4/06)	
4. FEI Number 59-1863246		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOSKOVITZ, ROBERT 5555 COLLINS AVE., OFFICE MIAMI BEACH, FL 33140		Name ALIDA GRONOWICH Street Address (P.O. Box Number is Not Acceptable) 5555 COLLINS AVE UNIT 4B City MIAMI BEACH FL Zip Code 33140	
6. 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 ALIDA GRONOWICH		Alida Gronowich s/26/06	
Signature, typed or printed name of registered agent and title if applicable.		(Not Registered Agent signature required when reappointing)	
Filing Fee is \$81.25 Due by September 6, 2006		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	MOSKOVITZ, ROBERT	TITLE	
NAME	5555 COLLINS AVE #9J	NAME	
STREET ADDRESS	MIAMI BCH, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD	MILLER, BERNARD	TITLE	
NAME	5555 COLLINS AVE #12R	NAME	
STREET ADDRESS	MIAMI BEACH, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD	SCHWARTZBEN, MELVYN	TITLE SD	SCHWARTZBEN, MELVYN
NAME	5555 COLLINS AVE UNIT 8J	NAME	5555 COLLINS AVE UNIT 9R
STREET ADDRESS	MIAMI BEACH, FL	STREET ADDRESS	MIAMI BEACH FL
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SD	BLUM, SEEMA	TITLE	
NAME	5555 COLLINS AVE UNIT 16T	NAME	
STREET ADDRESS	MIAMI BEACH, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE PD	ALIDA GRONOWICH
NAME		NAME	5555 COLLINS AVE UNIT 4B
STREET ADDRESS		STREET ADDRESS	MIAMI BEACH FL
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE VD	ALIDA GRONOWICH
NAME		NAME	5555 COLLINS AVE UNIT 4B
STREET ADDRESS		STREET ADDRESS	MIAMI BEACH FL
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ALIDA GRONOWICH		s/26/06 3058667617	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

