2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

OCEANSIDE PLAZA CONDOMINIUM ASSOCIATION, INC. OS OCT 24	DOCUMENT #743375					
Side April F. 33140 Suite April F. 30140 Suite Suite Suite April F. 30140 Suite Suite April F. 30140 Suite Suite April F. 30140 Suite Sui					08 0CT 24 PM 12: 07	
Suite, ADI. #, IDC. Suite, ADI. #, IDC.	5555 COLLINS AVENUE 5555 COLLINS AVENUE				LORÉTÁRY OF STATE ALLAHASSEE, FLORIDA	
CRY A State City A State City A State City A State City A State Country S. Certification of Status Desiring Server Advisors S. Certification of Status Desiring S. Certification of Status Desiring S. Certification of Status Desiring Server Advisors S. Certification of Status Desiring S. Certifi	Principal Place of Business - No P.O. Box # 3. Mailing Address					
Son Country Son Holdscale	Suite, Apt. #, etc. Suite, Apt. #, etc.				10092008 Chg-NP CR2E037 (12/06)	
Country	City & State	9	City & State		50 4000046	
Name CASAL ANTONIO E Street Appete Special Properties Special Company Special Properties Special Company Special Properties Special Company Special Properties	Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional	
Name CASAL ANTONIO E Street Address Street Addr		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
SIGNATURE STOCKLINS AVE. UNIT 4D CIVITY 9D CIVITY 9				Name	<u> </u>	
MAMI BEACH, FL 33140 CWIT 9D City The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roida. I am familiar with, and accopt the officigations of registered agent. SIGNATURE	5555 COLI	•				
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rivida. I am familiar with, and accept the obligations of registered agent. Common Co						
SIGNATURE SIGNATURE Amended AR is \$61.25 Delice Speakur, logical or pringing rearry of incorporating person of incorporation of incorporating person of incorporation of in				City	IIAMI BEACH FL 33140	
SIGNATURE Control Con			r the purpose of changing its r	registered office of	or registered agent, or both, in the State of Florida. I am familiar with, and accept	
Amended AR is \$61.25 9. Election Campaign Financing Added to Fees Plorida Department of State Plots And State	the obligations of registered agent.					
Amended AR is \$61.25 Trust Fund Convibution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TD POLLANS, ALBERT S555 COLLINS AVE #6K STREET ADDRESS STREET ADDRESS STREET ADDRESS S555 COLLINS AVE #6K STREET ADDRESS STREET ADDRESS S555 COLLINS AVE UNIT 9R Delete TITLE DELET ADDRESS S555 COLLINS AVE UNIT 9R MAME S555 COLLINS AVE UNIT 9R MAME S555 COLLINS AVE UNIT 9R MAME S555 COLLINS AVE UNIT 4B Delete TITLE Delete TITLE Delete TITLE CASAL, ANTONIO STREET ADDRESS S	Stonsture, typed or printing name of registered agent and title glappicable, (NOTE: Registered Agent signature required when reinstating) DATE					
TITLE MAME POLLANS, ALBERT STREET ADDRESS COTY-ST-2P MIAMI BEACH, FL TITLE SD SCHWARETZBEN, MELVYN STREET ADDRESS STREET ADDR						
NAME SIREE ADDRESS STOLLINS AVE # 6K STREET ADDRESS STOLLINS AVE WINT 9R STREET ADDRESS STOLLINS AVE WINT 4B STREET ADDRESS STREET ADDRESS STOLLINS AVE # 9D STREET ADDRESS	10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
CITY-ST-2IP MIAMI BEACH, FL SD SCHWARETZBEN, MELVYN STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition Change Addition MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MIAMI BEACH, FL Change Addition MIAMI BEACH, FL Change Addition MIAMI BEACH, FL STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MIAMI BEACH, FL STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MIAMI BEACH, FL STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE MAKE STREET ADDRESS CITY-ST-2IP MIAMI BEACH, FL Change Addition MAKE MAKE MAKE MAKE MAKE MIAMI BEACH, FL Change Addition MAKE MAKE MAKE MAKE MIAMI BEACH, FL Change Addition MAKE MAKE MAKE MAKE MIAMI BEACH, FL Change Addition MAKE MIAMI BEACH MIAMI BEA	l	1	Delete		VANHOUTEN, DRUCELLA	
TITLE SCHWARETZBEN, MELVYN STREET ADDRESS 5555 COLLINS AVE UNIT 9R CITY-ST-2P INLE GRONWICH, ALIDA STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL TITLE GRONWICH, ALIDA STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL TITLE VP NAME CASAL, ANTONIO STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL TITLE NAME CASAL, ANTONIO STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL TITLE NAME CASAL, ANTONIO STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete Delete TITLE Delete Delete Delete TITLE Delete		5555 COLLINS AVE # 6K			MIAMIN BEACK FL	
STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL TITLE NAME CASAL, ANTONIO STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL TITLE NAME CASAL, ANTONIO STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL TITLE NAME CASAL, ANTONIO STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL TITLE NAME CASAL, ANTONIO STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change Chan			Delete		SD ALES AND MARIA Change Addition	
TITLE P GRONWICH, ALIDA STREET ADDRESS CITY-ST-ZP MIAMI BEACH, FL TITLE VP CASAL, ANTONIO STREET ADDRESS CITY-ST-ZP MIAMI BEACH, FL TITLE VP MAME CASAL, ANTONIO STREET ADDRESS CITY-ST-ZP MIAMI BEACH, FL TITLE VP MIAMI BEAC	STREET ADDRESS	5555 COLLINS AVE UNIT 9R		STREET ADDRESS	SSSS COLLING AUE TO I	
MAME STREET ADDRESS STSS COLLINS AVE UNIT 4B STREET ADDRESS STSS COLLINS AVE #9D MIAMI BEACH, FL TITLE WAME CASAL, ANTONIO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL TITLE MAME STREET ADDRESS CITY-ST-ZIP TO change Addition Addition Addition Addition TO change Addition TO change Addition TO change Addition Addition Addition TO change Addition TO chang					MIAMI DEACH, FC	
SIREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL ITILE VP NAME CASAL, ANTONIO SIREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP ITILE NAME SIREET A	NAME	GRONWICH, ALIDA	🖾 Delete	NAME	CACAL HITTONIC	
TITLE CASAL, ANTONIO STREET ADDRESS 5555 COLLINS AVE # 9D STREET ADDRESS 5555 COLLINS	1	4			3333 6015.1-0	
CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: SIGNATURE: Date	1	* *	Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS 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: SIGNATURE: Daytone Proce #		5555 COLLINS AVE # 910			10/24/08-01025-006 **61.25	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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: SIGNATURE: Daytone Proce #	tinle		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-S1-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: SIGNATURE: Dayume Proce a	STREET ADDRESS			STREET ADORESS		
NAME STREET ADDRESS 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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytone Proce #						
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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Dayline Proces	NAME STREET ADORESS	-	∟ Deiete	NAME Street address		
SIGNATURE: Lattoria Casel 10/10/08 3058652894 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DR DIRECTOR Date Daytome Phone #	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					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytone Proces &	Changed	, or on an attachment with an audiess,	militari di di la la di	D	in halos	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytone Phone #	SIGNAT	TURE: Glutos	u acu	7	3058652894	

10/24