


**2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED

08 OCT 24 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 743375</b>	
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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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10092008 Chg-NP CR2E037 (12/06)

Zip	Country	Zip	Country
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4. FEI Number 59-1863246	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GRONOWICH, ALIDA 5555 COLLINS AVE. UNIT 4B MIAMI BEACH, FL 33140	

7. Name and Address of New Registered Agent	
Name	CASAL, ANTONIO E.
Street Address (P.O. Box Number is Not Acceptable)	5555 COLLINS AVE
	UNIT 4B
City	MIAMI BEACH FL
Zip Code	33140

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: Antonio Casal DATE: 10/10/08

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

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLLANS, ALBERT 5555 COLLINS AVE # 6K MIAMI BEACH, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWARTZBEN, MELVYN 5555 COLLINS AVE UNIT 9R MIAMI BEACH, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRONOWICH, ALIDA 5555 COLLINS AVE UNIT 4B MIAMI BEACH, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASAL, ANTONIO 5555 COLLINS AVE # 50 MIAMI BEACH, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANHOUTEN, DRUCELLA 5555 COLLINS AVE #11J MIAMI BEACH FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE ALBA, ANA MARIA 5555 COLLINS AVE #15T MIAMI BEACH, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASAL, ANTONIO 5555 COLLINS AVE #9D MIAMI BEACH, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400137250524 10/24/08--01025--006 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Antonio Casal DATE: 10/10/08 DAYTIME PHONE #: 305 965 2894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO E. CASAL

10/24