

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752257 (6)**  
Corporation Name  
**1446 OCEAN DRIVE ASSOCIATION, INC.**



Principal Place of Business <b>1446 OCEAN DRIVE P O BOX 41-4110 MIAMI BEACH FL 33141</b>	Mailing Address <b>C/O WOODS MANAGEMENT 2740 W 5 AVE HIALEAH FL 33010 US</b>
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3. Date Incorporated or Qualified <b>04/30/1980</b>		
4. FEI Number <b>59-1684364</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**WOODS MANAGEMENT  
11600 N.E. 10TH AVENUE  
2740 W 5 AVE  
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STARR, RITA	
STREET ADDRESS	1446 OCEAN DR. #38	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROLANDO GALI	
STREET ADDRESS	5741 S.W. 5TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GARANTE, FRAN	
STREET ADDRESS	1446 OCEAN DRIVE #18	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BELKOV, RAPHAEL	
STREET ADDRESS	895 WEST DILDO DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MAHIBAR, SOL	
STREET ADDRESS	3101 INDIAN CREEK DR. APT 111	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WINCELE, HOWARD	
STREET ADDRESS	1446 OCEAN DR. #29	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAZZARESE, JOSEPH	
1.3 STREET ADDRESS	6848 SW 130 TERR.	
1.4 CITY-ST-ZIP	MIAMI FL 33156	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GONZALEZ, ROBERTO	
2.3 STREET ADDRESS	1446 OCEAN DRIVE, APT 80	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ZAVAS, ESTHER	
3.3 STREET ADDRESS	922 WALLACE ST	
3.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VALDEZ WILFRED	
5.3 STREET ADDRESS	1446 OCEAN DRIVE, #8	
5.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CASANOVA, CLAUDIA	
6.3 STREET ADDRESS	1446 OCEAN DRIVE # 34	
6.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	

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.

SIGNATURE: Howard Wincele 3/1/98 954-389-0881

CR2E037 (10/97)