


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

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90033 026 \*\*\*\*61.25

**DOCUMENT # 752257**

1. Entity Name  
 1446 OCEAN DRIVE ASSOCIATION, INC.



Principal Place of Business  
 1446 OCEAN DRIVE  
 P O BOX 41-4110  
 MIAMI BEACH, FL 33141

Mailing Address  
 C/O WOODS MANAGEMENT  
 2740 W 5 AVE  
 HIALEAH, FL 33010 US

**54015375**

2. Principal Place of Business  
 1446 OCEAN DRIVE  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. BOX 22705  
 Suite, Apt. #, etc.

City & State  
 MIAMI BEACH, FL


City & State  
 HIALEAH, FL

Zip  
 33139-4147

Country  
 U.S.

Zip  
 33002-2705

Country  
 U.S.



02132004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-1684364

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DELGADO, JOAQUIN R  
 2740 W 5 AVE  
 HIALEAH, FL 33010

7. Name and Address of New Registered Agent  
 Name  
 ESTER ZAYAS  
 Street Address (P.O. Box Number is Not Acceptable)  
 922 WALLACE ST.  
 City  
 CORAL GABLES FL Zip Code  
 33134-8006

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 *ESTER ZAYAS* DATE 3/3/04

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

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

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CABEZOS, WILLIAM 105 ROSILLIE ST SAN MATEO, CA 94403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAZZARESE, JOE 6898 SW 130 TERR MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARANTE, FRAN 1446 OCEAN DRIVE #18 MIAMI BEACH, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESMER, ZAYOS 922 WALLACE ST CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERLE, LARA 236 COLUMBUS BOULEVARD MIAMI, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRISM, LOREME 2428 SW 13 ST MIAMI, FL 33145 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CABEZAS, WILLIAM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DVP GALI, ROLANDO 1741 S.W. 5 ST. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D BELKOV, RAPHAEL 815 WEST DILIDO DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D S ZAYAS, ESTER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LARA, MERLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LORENTE, MIRIAM

12. 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 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: *ESTER ZAYAS* - ESTER ZAYAS DATE 3/3/04 305-444-9749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #