


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90025 001 ****61.25

DOCUMENT # N02000003619

1. Entity Name
 2080 OCEAN DRIVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 2080 S. OCEAN DRIVE
 SUITE 110
 HALLANDALE BEACH, FL 33009 US

Mailing Address
 2080 S. OCEAN DRIVE
 SUITE 110
 HALLANDALE BEACH, FL 33009 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 03-0442869

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GLAZER & ASSOCIATES, P.A.
 1920 EAST HALLANDALE BEACH BLVD., #806
 HALLANDALE BEACH, FL 33009

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2008

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	P ADOLF, GEORGE <input checked="" type="checkbox"/> Delete 2069 S. OCEAN DR., TH-15 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANDESMAN, SERGEY <input checked="" type="checkbox"/> Delete 2080 S. OCEAN DR., #209 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YEKMALIAN, HOVEL <input checked="" type="checkbox"/> Delete 2080 S. OCEAN DR., #1811 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> SECRETARY PERDECK, MARTIN <input type="checkbox"/> Delete 2080 S OCEAN DR., #1910 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TILLMAN, GISELLA <input type="checkbox"/> Delete 2080S OCEAN DR #1811 HALLANDALE, FL 33009
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	P RICHARD SHANLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2080 S OCEAN DRIVE UNIT # 612 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IVAN NEGROW <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2080 S. OCEAN DRIVE UNIT # 1112 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director REBECCA PAPPALARDO unit # 1001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2080 S. OCEAN DRIVE HALLANDALE, FL 33009
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
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: _____ *[Signature]* _____ *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #