

FILED


03 OCT -7 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0200003619

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



Principal Place of Business  
2080 OCEAN DRIVE  
HALLANDALE, FL 33009

Mailing Address  
2080 OCEAN DRIVE  
SUITE 110  
HALLANDALE, FL 33009

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State

City & State

6. Name and Address of Current Registered Agent  
SALK, BARBARA  
2080 S OCEAN DRIVE  
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent  
Name: Emil Abdallg  
Street Address (P.O. Box Number is Not Acceptable): 1520 SHORE LINE WAY  
City: HOLLYWOOD FL Zip Code: 33019

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] DATE: 9/23/03

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SALK, BARBARA	
STREET ADDRESS	2080 OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SALK, BARBARA	
STREET ADDRESS	2080 OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, ANGEL	
STREET ADDRESS	2080 OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, STILL III	
STREET ADDRESS	2080 OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Elm	
STREET ADDRESS	2080 Ocean Dr Hallandale FL	
CITY-ST-ZIP	33009	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerry Gonzalez	
STREET ADDRESS	2080 Ocean Dr Hallandale FL	
CITY-ST-ZIP	33009	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emil Abdallg	
STREET ADDRESS	2080 Ocean Dr Hallandale FL	
CITY-ST-ZIP	33009	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve McGarvey	
STREET ADDRESS	2080 S. Ocean Dr Hallandale FL	
CITY-ST-ZIP	33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature] DATE: 9/23/03 9814565215

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

800023620538  
10/07/03--01057--011 \*\*\$1.25



CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0442869 Applied For  Not Applicable

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

CR2003 (10/02)

9/10/8