


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91455 005 ****61.25

DOCUMENT # N02000006329

1. Entity Name
OCEAN GRANDE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
18001 COLLINS AVE. **18001 COLLINS AVE.**
SUNNY ISLES BEACH FL 33160 **SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business 3. Mailing Address
SOUTH FLORIDA MANAGEMENT
 Suite, Apt. #, etc. Suite, Apt. #, etc.
8880 S.W. 67th Court
 City & State City & State
Miami, Florida
 Zip Country Zip Country
33156-1700 **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
30-0166804 Not Applicable

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

6. Name and Address of Current Registered Agent
SHEAR, DAVID
201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **ROSEN, BOB**
 Street Address (P.O. Box Number is Not Acceptable)
SOUTH FLORIDA MANAGEMENT, INC.
8880 S.W. 67th Court
 City **Miami, FL** Zip Code
33156-1700

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 **BOB ROSEN** *Bob Rosen* **January 11, 2003**

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

FILE NOW: FEE IS \$61.25 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	VD DEZER, MICHAEL 18001 COLLINS AVE. SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEZERTZOV, NEOMI 18001 COLLINS AVE. SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEZER, GIL 18001 COLLINS AVE. SUNNY ISLES BEACH FL 33160	<input 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		<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/AT ROSEN, BOB 8880 S.W. 67TH COURT MIAMI, FLORIDA 33156-1700	<input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(l), 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: *Bob Rosen* **Assistant Secretary** **1/11/2003** **{305} 666-1111**

CR2E037 (10/02)