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

## DOCUMENT # N0200006329

1. Entity Name

OCEAN GRANDE PROPERTY OWNERS' ASSOCIATION, INC.



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

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

					V	1 COD 11	ETRISI					
Principal Plac	ce of Busines	s	Mailing Ad	ddress		•						
18001 COLLINS AVE. SUNNY ISLES BEACH FL 33160			18001 COLL									
SUNNY ISLES	REACH FL 33	1160	SUNNY ISLI	ES BEACH FL 3	3160							
												819 i 811   1881
2. Principal F	Place of Busir	3. Mailing Address										
Suite, Apt.	# etc		SOUTH FLORIDA MANAGEMENT Suite, Apt. #, etc.				Mora					
			ı	BAAD S.W. 57th Court			K C	HEÇK HERE IF	= MAKINO	3 CHANGES		
City & State			City & State									pplied For
Zip Country			Miami, Florida Zio I Coi			ountry		30-076	6804			ot Applicable
ΖΙΡ		Country	33156-	חחקו.	l	JZA		5. Certificate of Stat	tus Desired		\$8.75 Add Fee Require	
<u></u>	6. Name	and Address of Current I					-	7. Name and Addre	ess of New Re	gistered	Agent _	
						Name	R0SE1	Na BOB				
SHEAR, DAVID 201 ALHAMBRA CIRCLE, STE. 601					Street Addre			S (P.O. Box Number is Not Acceptable) TH FLORIDA MANAGEMENT, INC.				
							ITE IN F	1 TINC.				
CORAL GABLES FL 33134							0888	S.W. 67th	Court	<del></del>	7:- 0	ı-
							1iami			FL		6-1700
8. The above	named entity ions of regist	y submits this statement for	the purpose	of changing its	register	ed office or	registere	ed agent, or both, in th	e State of Flori	da. Lam	familiar with,	and accept
ino obligat	ions or regist				0	, 0						
SIGNATURE .	BOB	ROSEN		<u> </u>	<u> 90 (j</u>	100	len		Janu	ary :	11, 20	<u> </u>
*9	Signature, typed	or printed name of registered agent a	and title if applicable	e. (NOT	E: Registere	ed Agent signatu	ure required v	when reinstating)		DATE		
· • I	FILE NOW	: FEE IS \$61.25		<ol> <li>Election Car Trust Fund C</li> </ol>		_		\$5.00 May Be Added to Fees			k Payable tment of S	
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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:

SKIN A MANE REASSISTENT Secretary

7/77/5003

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