

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 30, 2005
Secretary of State**

DOCUMENT# N03000000882

Entity Name: OCEAN THREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

18911 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

18911 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 42-1378237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HYMAN, MIKE
150 WEST FLAGLER #2701
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STORY, JOE
Address: 18911 COLLINS AVE.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VPT () Delete
Name: ALBOUKREK, ISAAC
Address: 18911 COLLINS AVE.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: S () Delete
Name: LIDSKY, BETTI
Address: 18911 COLLINS AVE.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHELMINSKY, STEVE
Address: 18911 COLLINS AVE.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VPT (X) Change () Addition
Name: STORY, JOE
Address: 18911 COLLINS AVE.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D (X) Change () Addition
Name: ALBOUKREK, ISAAC
Address: 18911 COLLINS AVE.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STORY, JOE

Electronic Signature of Signing Officer or Director

VPT

06/30/2005

Date