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Apr 12, 2007 8:00 am
Secretary of State

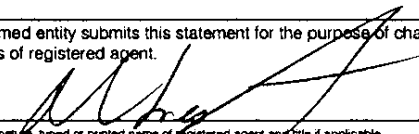
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01052007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2348397	Applied For
	Not Applicable

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

DOCUMENT # N05000001457 1. Entity Name OCEAN SPRAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O DCI ASSOCIATION SERVICE 2035 HARDING ST., STE. 200 HOLLYWOOD, FL 33020		Mailing Address C/O DCI ASSOCIATION SERVICE 2035 HARDING ST., STE. 200 HOLLYWOOD, FL 33020	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
ROUSSO, MARK E 18851 NE 29TH AVE SUITE 900 AVENTURA, FL 33180		Name MEYER	
		Street Address 2100	
		2035	
		City HOLL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE 		(NOTE: Registered Agent signature required)	

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAWLEY, XAVIER 2840 SW 3RD AVE. MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MIZELL, KEITH 328 N. OCEAN BLVD., #203 POMPAÑO, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROUSSO, MARK 1986 NE 149 ST. NORTH MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

De

Daytime Phone # _____