

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000001457

1. Entity Name
OCEAN SPRAY HOTEL CONDOMINIUM ASSOCIATION, INC.



FILED

2007 SEP 24 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

08082007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

20-2348397

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYROWITZ, ANDREW
C/O DCI
2035 HARDING ST, SUITE 200
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name
Barbara Herndon & DCI
Street Address (P.O. Box Number is Not Acceptable)
2035 Harding St Suite 200
City
Hollywood FL
FL Zip Code
33020

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Amended AR 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 PD
NAME HAWLEY, XAVIER
STREET ADDRESS 2840 SW 3RD AVE.
CITY-ST-ZIP MIAMI, FL 33181 ☐ Delete

TITLE VPD
NAME MIZELL, KEITH
STREET ADDRESS 328 N. OCEAN BLVD., #203
CITY-ST-ZIP POMPANO, FL 33062 ☒ Delete

TITLE D
NAME ROUSSO, MARK
STREET ADDRESS 1986 NE 149 ST.
CITY-ST-ZIP NORTH MIAMI, FL 33181 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HAWLEY, XAVIER
STREET ADDRESS 2601 S. Bayshore Dr ste 1100
CITY-ST-ZIP Coconut Grove, FL 33133 ☒ Change ☐ Addition

TITLE VPSD
NAME HAWLEY, FRANCIS
STREET ADDRESS 231 EAST END DRIVE
CITY-ST-ZIP Key Biscayne, FL 33149 ☐ Change ☒ Addition

TITLE TD
NAME Porter, Roberto
STREET ADDRESS 1319 Saint Tropez, APT 1208
CITY-ST-ZIP Weston, FL 33326 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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

09-04-2007

Date

922-5514 X 3053

Daytime Phone #