2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90053 026 ****61.25

DOCUMENT # N05000001457

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

40068201

Principal Place of Business	Mailing Address
C/O DCI ASSOCIATION SERVICE ~~2035 HARDING ST., STE. 200~~ ~~HOLLYWOOD, FL 33020~~	C/O DCI ASSOCIATION SERVICE ~~2035 HARDING ST., STE. 200~~ ~~HOLLYWOOD, FL 33020~~

04032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10112 USA TODAY WAY →	→
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIRAMAR, FL 33025 →	→
City & State	City & State
Zip	Country: BROWARD
Zip	Country

4. FEI Number 20-2348397 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HERNANDEZ~~, BARBARA HERDON C/O DCI ~~2035 HARDING ST, SUITE 200~~ ~~HOLLYWOOD, FL 33020~~ 10112 USA TODAY WAY MIRAMAR FL 33125	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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] 4/3/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAWLEY, XAVIER 2601 S. BAYSHORE DR STE 1100 COCONUT GROVE, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD HAWLEY, FRANCIS 231 EAST ENID DRIVE KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~PORTER, ROBERTO~~ ~~1349 SAINT TROPEZ, APT 1208~~ ~~WESTON, FL 33326~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KEITH MIZELL 328 N OCEAN DR # 203 POMPANO BEACH FL, 33062 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #