

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90116 024 ****61.25

DOCUMENT # N96000001320

1. Corporation Name

OCEAN WALK ON SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

335 OCEAN DR.
MIAMI BEACH FL 33139

Mailing Address

335 OCEAN DR.
MIAMI BEACH FL 33139



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/06/1996

4. FEI Number

65-0677487

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GRS MANAGEMENT OF BROWARD IN
4431 SW 64TH AVE #113
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME FONTOVA, ALBERTO
STREET ADDRESS 335 OCEAN DR #220
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VPD
NAME CALIXTO, ENRIQUE
STREET ADDRESS 335 OCEAN DR #206
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE STD
NAME OLIVA, MARTHA
STREET ADDRESS 335 OCEAN DR.
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/T/D ☒ Change ☐ Addition

1.2 NAME FONTOVA, ALBERTO

1.3 STREET ADDRESS 335 Ocean Drive

1.4 CITY-ST-ZIP Miami Beach, Fl 33139

2.1 TITLE P/D ☐ Change ☒ Addition

2.2 NAME HERNANDEZ FUMERO, MARIO

2.3 STREET ADDRESS 335 Ocean Drive

2.4 CITY-ST-ZIP Miami Beach, Fl 33139

3.1 TITLE VP/D ☒ Change ☐ Addition

3.2 NAME OLIVA, MARTHA

3.3 STREET ADDRESS 335 Ocean Drive

3.4 CITY-ST-ZIP Miami Beach, Fl 33139

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARTHA OLIVA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99
Date

(305) 532-0177
Daytime Phone #

CR2E037 (1/98)