

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

FILED

2000 17 AM 8:59

STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N98000004179**

1. Corporation Name

1500 OCEAN DRIVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE #302  
 COCONUT GROVE FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE #302  
 COCONUT GROVE FL 33133



4/1/99 90101 023 \$70.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/20/1998	
22	City & State	27	City & State	4. FEI Number	Applied For / Not Applicable
23	Zip	28	Country	65-0871783	
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input checked="" type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MEUNIER, JEAN-MARC 2665 SOUTH BAYSHORE DRIVE #302 COCONUT GROVE FL 33133				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PA	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PIETRI, MARC		1.2 NAME	MEUNIER, JEAN MARC			
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE #302		1.3 STREET ADDRESS	2665 S Bayshore Dr Suite 302			
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-ST-ZIP	Coconut Grove FL 33133			
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	VA	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MEUNIER, JEAN-MARC		2.2 NAME	Flax, Dr. Gary			
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE #302		2.3 STREET ADDRESS	1500 Ocean Drive # 1006			
CITY-ST-ZIP	COCONUT GROVE FL 33133		2.4 CITY-ST-ZIP	Miami Beach FL 33139			
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KWIAT, ANDY		3.2 NAME				
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE #302		3.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT GROVE FL 33133		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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. 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: \_\_\_\_\_ DATE: 7/8/99 DAYTIME PHONE: 305 854 7795

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CR2E037 (5/99)