

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004179

1. Entity Name
1500 OCEAN DRIVE CONDOMINIUM ASSOCIATION, INC.



FILED
07 JAN -5 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1500 OCEAN DRIVE
100
MIAMI BEACH, FL 33139 US

Mailing Address
1500 OCEAN DRIVE
100
MIAMI BEACH, FL 33139 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

11142006 Chg-NP CR2E037 (4/06)

4. FEI Number
65-0871783 Applied For
Not Applicable

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



6. Name and Address of Current Registered Agent
DE LA CAMARA, ROSA M ESQ.
BECKER & POLIAKOFF PA
121 ALHAMBRA PLAZA, 10TH FLOOR
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FIORENTINO, FRANK <input checked="" type="checkbox"/> Delete 1500 OCEAN DRIVE APT 704 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUNGO, CHRISTOPHER <input type="checkbox"/> Delete 1500 OCEAN DRIVE APT 907 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAVIN, FRANK <input type="checkbox"/> Delete 1500 OCEAN DRIVE UNIT 409 MIAMI BEACH, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOLAR, HENRY <input checked="" type="checkbox"/> Delete 1500 OCEAN DRIVE APT 803 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, HARRY <input type="checkbox"/> Delete 1500 OCEAN DRIVE APT 1008 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900083409129 01/05/07--01045--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bungo, Christopher <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 Ocean Drive, apt. 907 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lavin, Frank <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 Ocean Drive, Apt. 409 Miami Beach, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rosenblum, Harold <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1500 Ocean Drive Miami Beach, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cohen, Phillip <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1500 Ocean Drive Miami Beach, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Chris Bungo 11-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #