

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90020 015 \*\*\*\*61.25

**DOCUMENT # N99000003495**



1. Entity Name  
RENAISSANCE ON THE OCEAN CONDOMINIUM  
ASSOCIATION, INC.

Principal Place of Business  
6001 N OCEAN DR  
HOLLYWOOD, FL 33019

Mailing Address  
6001 N OCEAN DR  
HOLLYWOOD, FL 33019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
65-0930083

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

SIEGFRIED, STEVEN M  
201 ALHAMBRA CIR. 11TH FLOOR  
CORAL GABLES, FL 33134

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

Filing Fee is \$61.25  
Due by May 1, 2006

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          | VD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | ROSE, CURT                  |                                            |
| STREET ADDRESS | 6001 NORTH OCEAN DR., #103  |                                            |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33019         |                                            |
| TITLE          | SD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | THIE, JAMES                 |                                            |
| STREET ADDRESS | 6051 NORTH OCEAN DR., #907  |                                            |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33019         |                                            |
| TITLE          | TD                          | <input type="checkbox"/> Delete            |
| NAME           | KANTER, ADAM                |                                            |
| STREET ADDRESS | 6051 NORTH OCEAN DR., #1001 |                                            |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33019         |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          | President                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Arthur Massolo            |                                                                              |
| STREET ADDRESS | 6051 N. Ocean Dr., #PH-1  |                                                                              |
| CITY-ST-ZIP    | Hollywood, FL 33019       |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Arthur Lipson, Vice Pres. |                                                                              |
| STREET ADDRESS | 6001 N. Ocean Dr., #1501  |                                                                              |
| CITY-ST-ZIP    | Hollywood, FL 33019       |                                                                              |
| TITLE          | Adam Kanter, Treasurer    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS | 6051 N. Ocean Dr., #1001  |                                                                              |
| CITY-ST-ZIP    | Hollywood, FL 33019       |                                                                              |
| TITLE          | Warren Welt, Secretary    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                           |                                                                              |
| STREET ADDRESS | 6001 N. Ocean Dr., #301   |                                                                              |
| CITY-ST-ZIP    | Hollywood, FL 33019       |                                                                              |
| TITLE          | Marilyn Levin, Director   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                           |                                                                              |
| STREET ADDRESS | 6051 N. Ocean Dr., #1206  |                                                                              |
| CITY-ST-ZIP    | Hollywood, FL 33019       |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY-ST-ZIP    |                           |                                                                              |

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:

*Arthur J. Massolo* ARTHUR J. MASSOLO

20 MAR 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #