## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Motthani

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600001320 (8)

OCEAN WALK ON SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

335 OCEAN DR.
335 OCEAN DR.

## FILED Jun 03 1997 8:00am Secretary of State



| 335 OCEAN DR.<br>MIAMI BEACH FL 33139                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | 335 OCEAN DR.<br>Miami Beach Fl 331 <b>39-</b> 6976 |                           |                                                       |                                                                   |                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|---------------------------|-------------------------------------------------------|-------------------------------------------------------------------|------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                     |                           |                                                       | 3. Date Incorporated or Qualified 03/06/1996                      | 3a. Date of Last Report      |  |
| 2. Principal P                                                                                                                                                                                                                                                                                                                                                                                                                                                  | lace of Business                                   | 2a. Mailing Address                                 | 2a. Mailing Address       |                                                       | 4. FEI Number<br>65-071909                                        | Applied For                  |  |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | 26                                                  | 26                        |                                                       |                                                                   | Not Applicable               |  |
| Sulte, Apt.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | #, etc.                                            | <del></del>                                         | Suite, Apt. #, etc.       |                                                       | <u> </u>                                                          | \$9.75 Additional            |  |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | 27                                                  |                           |                                                       | <ol><li>Certificate of Status Desired</li></ol>                   | Fee Required                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                    | е                                                  |                                                     | City & State              |                                                       |                                                                   |                              |  |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | <b>⊢</b> ′                                          | 28                        |                                                       |                                                                   | \$5.00 May Be  Added to Fees |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country                                            | Zip                                                 | Country                   |                                                       | Trust Fund Contribution  8. This corporation has liability for in |                              |  |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 25                                                 | <del> </del>                                        | 30                        |                                                       |                                                                   | Yes \[ \] No                 |  |
| 9. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                     | 7                         | 10. Name and Address of New Registered Agent          |                                                                   |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                     | 81                        | Name                                                  |                                                                   |                              |  |
| GREENSPOON, MARDER, HIRSCHFELD, RAFKIN<br>ROSS & BERGER, P.A.                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                     |                           |                                                       |                                                                   |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                     |                           | 82 Street Address (P.O. Box Number is Not Acceptable) |                                                                   |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Cyp <b>ress</b> Creek RD., Ste. 700                |                                                     | 83                        |                                                       |                                                                   |                              |  |
| FT. LAUDERDALE FL 33309                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                     | 84                        | City                                                  | 7                                                                 | 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 agr |                                                     |                           |                                                       | quired when reinstating)                                          | DATE                         |  |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | D DIRECTORS                                         | 13.                       |                                                       | ADDITIONS/CHANGES TO OFFIC                                        |                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD                                                 | DELETE                                              | 1.1 TITLE                 |                                                       |                                                                   | Change Addition              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ELLIOT, PHILLIP                                    |                                                     | 1.2 NAME                  |                                                       |                                                                   |                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 335 OCEAN DR.                                      |                                                     | 1.3 STREET                | ADDRESS                                               |                                                                   |                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MIAMI BEACH FL 33139                               |                                                     |                           |                                                       |                                                                   |                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VD                                                 | DELETE                                              | 1.4 CITY - 5<br>2.1 TITLE | 11 - ZIP                                              |                                                                   | Change Addition              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GAMEL, JOEL                                        |                                                     | 2.2 NAME                  |                                                       |                                                                   | Change Rodulon               |  |
| STREET ADORESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 335 OCEAN DR.                                      |                                                     |                           | ADDRESS                                               |                                                                   |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MIAMI BEACH FL 33139                               |                                                     | 2.3 STREET                |                                                       |                                                                   |                              |  |
| CITY-ST-ZIP<br>TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                            | STD                                                | DELETE 3.11                                         |                           | ST - ZIP                                              |                                                                   | Change Addition              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ARLESCO, MADIA                                     |                                                     |                           |                                                       |                                                                   | Change D Addition            |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ARE COPAN DD                                       |                                                     | 3.2 NAME                  | 4000000                                               |                                                                   |                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MINN BEAULT: DOLOG                                 |                                                     | 3.3 STREET                |                                                       |                                                                   |                              |  |
| CITY-ST-ZIP<br>TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                            | A.F. 177                                           |                                                     | 3.4. CITY-1               | SI - ZIP                                              |                                                                   | Change                       |  |
| i                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                     | 4.1 TITLE                 |                                                       |                                                                   | ☐ Change ☐ Addition          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                     | 4. 2 NAME                 |                                                       |                                                                   | Į.                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                                     | 4.3 STREET                | ADDRESS                                               |                                                                   |                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    | DELETE                                              | 4.4 CITY - S              | T - ZIP                                               |                                                                   |                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | ☐ DELETE                                            | 5.1 TITLE                 |                                                       |                                                                   | ☐ Change ☐ Addition          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                     | 5.2 NAME                  |                                                       |                                                                   | İ                            |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                                     | 5.3 STREET                | ADDRESS                                               |                                                                   |                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | - <u></u>                                          |                                                     | 5.4 CITY - S              | T-ZIP                                                 |                                                                   |                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DELETE 6.1 TI                                      |                                                     | 6.1 TITLE                 | ]                                                     |                                                                   | ☐ Change ☐ Addition          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                     | 6.2 NAME                  | 1                                                     |                                                                   |                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                                     | 6.3 STREET                | ADDRESS                                               |                                                                   |                              |  |
| /-ST-29P                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |                                                     | 6.4 CITY - S              | T - ZIP                                               |                                                                   |                              |  |

do 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 formation 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 m an officer or director of the corporation or the receiver or trustee empowered of execute this report as required by Chapter 617, Florida Statutes; and that my name the process in Block 12 or Block 13 if changed, or on an attachment with an address.