

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762192 (3)
1. Corporation Name
OCEAN VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
101 OCEAN LANE DRIVE. #104 101 OCEAN LANE DRIVE. #104
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified
05/10/1982

4. FEI Number 59-2261280
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWD, JAMES M
101 OCEAN LANE DR, APT #104
KEY BISCAYNE FL 33149

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHWARTZMAN, EMMET	
STREET ADDRESS	101 OCEAN LANE DRIVE, #2015-1019	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KORY, PETER	
STREET ADDRESS	55 OCEAN LANE DR #1035	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CASTRO, HECTOR	
STREET ADDRESS	55 OCEAN LANE DRIVE, #2027-202	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KOENIG, CLIFF	
STREET ADDRESS	55 OCEAN LANE DRIVE, #4020	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARIAS, MANUEL	
STREET ADDRESS	55 OCEAN LANE DR. #3019	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	101 Ocean Lane Dr, #1019
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Key Biscayne, FL 33149
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	55 Ocean Lane Dr # 202
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: [Signature] REQUIRED

1-6-98

(305) 374-4406

CR2E037 (10/97)