

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001320 (8)**

1. Corporation Name

**OCEAN WALK ON SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>335 OCEAN DR. MIAMI BEACH FL 33139</b>	Mailing Address <b>335 OCEAN DR. MIAMI BEACH FL 33139</b>
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3. Date Incorporated or Qualified <b>03/06/1996</b>	4. FEI Number <b>See attached</b> <b>65-0740000 65-0677487</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GREENSPOON, MARDER, HIRSCHFELD, RAFKIN ROSS &amp; BERGER, P.A. 100 W. CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE FL 33309</b>	
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10. Name and Address of New Registered Agent <b>81</b> Name <b>GRS MANAGEMENT OF BROWARD INC.</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>4431 SW 64 AVE, STE 113</b> <b>83</b> <b>84</b> City <b>DAVIE</b> <b>FL</b> <b>85</b> Zip Code <b>33314</b>	
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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 *Maria E Barreto* **MARIA E BARRETO CAM** **4/16/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ELLIOT, PHILLIP</b> <b>335 OCEAN DR.</b> <b>MIAMI BEACH FL 33139</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GAMEL, JOEL</b> <b>335 OCEAN DR.</b> <b>MIAMI BEACH FL 33139</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>SELTZER, MARK</b> <b>335 OCEAN DR.</b> <b>MIAMI BEACH FL 33139</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PD</b> <b>FONTOVA, ALBERTO</b> <b>335 OCEAN DRIVE, APT. 220</b> <b>MIAMI BEACH, FL 33140</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VPD</b> <b>CALIXTO, ENRIQUE</b> <b>335 OCEAN DRIVE, APT. 206</b> <b>MIAMI BEACH FL 33139</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S/TD</b> <b>OLIVA, MARTHA</b> <b>335 OCEAN DRIVE</b> <b>MIAMI BEACH FL 33140</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alberto A. Fontova* **Alberto A. Fontova** **4/21/98** **(954) 791-4800**

CR2E037 (10/97)