

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

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**Jul 02 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 # N96000001320 (8)**  
1. Corporation Name  
**OCEAN WALK ON SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 335 OCEAN DR. MIAMI BEACH FL 33139  
Mailing Address: 335 OCEAN DR. MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 03/06/1996  
4. FEI Number: ~~65-0740000~~ 65-0677487  
Applied For: Not Applicable  
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

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**GREENSPOON, MARDER, HIRSCHFELD, RAFKIN ROSS & BERGER, P.A.  
100 W. CYPRESS CREEK RD., STE. 700  
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent  
81 Name: **GRS MANAGEMENT OF BROWARD INC.**  
82 Street Address (P.O. Box Number is Not Acceptable): **4431 SW 64 AVE, STE 113**  
84 City: **DAVIE** FL 85 Zip Code: **33314**

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** DATE: **4/16/98**

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FONTOVA, ALBERTO	
1.3 STREET ADDRESS	335 OCEAN DRIVE, APT. 220	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CALIXTO, ENRIQUE	
2.3 STREET ADDRESS	335 OCEAN DRIVE, APT. 206	
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
3.1 TITLE	S/TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	OLIVA, MARTHA	
3.3 STREET ADDRESS	335 OCEAN DRIVE	
3.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
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: *Alberto A. Fontova* **Alberto A. Fontova** DATE: **4/21/98** (954) 791-4800

CP2E037 (10/97)