

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 714060

(1)

1. Corporation Name

OCEAN DRIVE MANOR, INC.

Principal Place of Business

Mailing Address

590 OCEAN DRIVE
KEY BISCAVNE FL 33149

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KEY BISCAVNE FL 33149



3. Date Incorporated or Qualified

02/05/1968

4. FEI Number

59-1288439

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address Ocean Drive Manor

21 Suite, Apt. #, etc.

26 c/o C.P.M.

22 City & State

27 170 Ocean Lane DR.

23 Zip Country

28 Key Biscayne, FL.

24 Zip Country

29 33149 30 U.S.A.

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

CERTIFIED PROPERTY MANAGEMENT CORP
170 OCEAN LANE DR
KEY BISCAVNE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME MALMAN, MYLES
STREET ADDRESS 590 OCEAN DRIVE
CITY-ST-ZIP KEY BISCAVNE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME SMITH, OLGA
STREET ADDRESS 590 OCEAN DRIVE
CITY-ST-ZIP KEY BISCAVNE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Ivan Smith
2.3 STREET ADDRESS 590 Ocean Dr.
2.4 CITY-ST-ZIP Key Biscayne FL 33149.

TITLE PD ☐ DELETE
NAME LEE, RANDOLPH
STREET ADDRESS 590 OCEAN DR.
CITY-ST-ZIP KEY BISCAVNE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME DRISCOLL, JOSEPH
STREET ADDRESS 590 OCEAN DR
CITY-ST-ZIP KEY BISCAVNE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SOMMERS, WALTER
STREET ADDRESS 590 OCEAN DR.
CITY-ST-ZIP KEY BISCAVNE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/98 305-361-9622

0005372

CR2E037 (5/98)