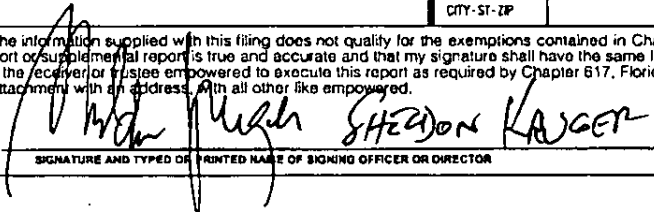


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/22/2006-90027-040-\$61.25-\$61.25

DOCUMENT # N33480 1. Entity Name OCEANIA PROPERTY OWNERS ASSOCIATION, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 SEP 18 AM 10:22 00040811 	
Principal Place of Business 16421 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 US				Mailing Address 16421 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 US			
2. Principal Place of Business		3. Mailing Address		08072006 Chg-NP		CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 56-0135252		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BURR, ROBERT ESQ. % JAY STEVEN LEVINE, P.A. 2500 N. MILITARY TRAIL, SUITE 490 BOCA RATON, FL 33431				Name Dennis J. Eisinger, Esquire Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Boulevard, Suite 265-S City Hollywood FL Zip Code 33021			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				DENNIS J. EISINGER		09/06/06	
Filing Fee is \$81.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	☒ Delete	TITLE	DIR / PRESIDENT	☐ Change	☒ Addition	
NAME	WEISS, MICHAEL		NAME	KRUGER, SHELDON			
STREET ADDRESS	16421 COLLINS AVENUE		STREET ADDRESS	16421 COLLINS AVENUE			
CITY-ST-ZIP	MIAMI BEACH, FL 33160		CITY-ST-ZIP	MIAMI BEACH, FL 33160			
TITLE	VP	☒ Delete	TITLE	DIR / SECRETARY / TREASURER	☐ Change	☒ Addition	
NAME	COLLINS, ALAN		NAME	THOMAS, HAYES			
STREET ADDRESS	16421 COLLINS AVENUE		STREET ADDRESS	16421 COLLINS AVENUE			
CITY-ST-ZIP	MIAMI BEACH, FL 33160		CITY-ST-ZIP	MIAMI BEACH, FL 33160			
TITLE	S	☒ Delete	TITLE	DIR	☐ Change	☒ Addition	
NAME	HIRSCH, MICHAEL		NAME	FUSCO, ALEX			
STREET ADDRESS	16421 COLLINS AVENUE		STREET ADDRESS	16421 COLLINS AVENUE			
CITY-ST-ZIP	MIAMI BEACH, FL 33160		CITY-ST-ZIP	MIAMI BEACH, FL 33160			
TITLE	T	☒ Delete	TITLE	DIR	☐ Change	☒ Addition	
NAME	FUSCO, ALEX		NAME	HIRSCH, MICHAEL			
STREET ADDRESS	16421 COLLINS AVE		STREET ADDRESS	16421 COLLINS AVENUE			
CITY-ST-ZIP	MIAMI BEACH, FL 33160		CITY-ST-ZIP	MIAMI BEACH, FL 33160			
TITLE	GMGR	☒ Delete	TITLE		☐ Change	☐ Addition	
NAME	AHART, BRUCE J		NAME				
STREET ADDRESS	16421 COLLINS AVENUE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH, FL 33160		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				SHELDON KRUGER 8/16/06 305 956 5738			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone			