

008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90019 022 ****70.00

DOCUMENT #			
1. Entity Name OCEANIA II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business OCEANIA II CONDOMINIUM ASSOCIATION, INC. 16445 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160		Mailing Address 	
2. Principal Place of Business - No P.O. Box # OCEANIA II CONDOMINIUM ASSOCIATION, INC.		3. Mailing Address 16445 COLLINS AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUNNY ISLES BEACH FL		City & State FL	
Zip 33160		Country USA	
4. FEI Number 65-0181706		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT BURR C/O ST. JOHN CORE LEMME PA CENTURION TOWER, SUITE 701 1601 FORUM PLACE WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent N/A	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> DATE _____			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> ROBERT HODGES <input checked="" type="checkbox"/> 16445 COLLINS AVE <input checked="" type="checkbox"/> SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> RICHARD POL <input checked="" type="checkbox"/> 16445 COLLINS AVE <input checked="" type="checkbox"/> SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> RONALD STARKMAN <input checked="" type="checkbox"/> 16445 COLLINS AVE. <input checked="" type="checkbox"/> SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PRESIDENT <input checked="" type="checkbox"/> SALOMAN MENDA <input checked="" type="checkbox"/> 16445 COLLINS AVE <input checked="" type="checkbox"/> SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> ALEX STANISLAVSKY <input checked="" type="checkbox"/> 16445 COLLINS AVE <input checked="" type="checkbox"/> SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:		7/26/08 305-354-8326	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	