

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006032

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** OCEANIA V CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16500 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

16500 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 03-0478036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARS, GARY M ESQ  
150 WEST FLAGLER STREET  
SUITE 2701  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LEVINSON, PAUL  
**Address:** 16500 COLLINS AVE, UNIT #2851  
**City-St-Zip:** SUNNY ISLES BEACH, FL 331604593

**Title:** VP/S  
**Name:** CECERE, JOHN  
**Address:** 16500 COLLINS AVE, UNIT #1553  
**City-St-Zip:** SUNNY ISLES BEACH, FL 331604593

**Title:** T  
**Name:** SCHWEIFEL, GARY  
**Address:** 16500 COLLINS AVE, UNIT #1654  
**City-St-Zip:** SUNNY ISLES BEACH, FL 331604593

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PAUL LEVINSON

MR.

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date