

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743375

**Entity Name:** OCEANSIDE PLAZA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 24, 2024**  
**Secretary of State**  
**7226657110CC**

**Current Principal Place of Business:**

5555 COLLINS AVENUE  
EXECUTIVE OFFICE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

C/O CASTLE MANAGEMENT LLC  
12270 SW 3RD STREET #200  
PLANTATION, FL 33325 US

**FEI Number: 59-1863246**

**Certificate of Status Desired: No**

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

BECKER & POLIAKOFF, DAVID ROGEL.  
121 ALHAMBRA PLAZA, 10TH FLOOR  
CORAL GABLES, FL 33134 US

*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: DAVID ROGEL**

**04/24/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROSEN, STEPHEN H  
Address        5555 COLLINS AVENUE  
                  UNIT 17D  
City-State-Zip: MIAMI BEACH FL 33140

Title            SECRETARY  
Name            FERNANDEZ, ENRIQUE  
Address        5555 COLLINS AVE  
                  UNIT 12T  
City-State-Zip: MIAMI BEACH FL 33140

Title            TREASURER  
Name            SANCHEZ, MARY L  
Address        5555 COLLINS AVE  
                  UNIT 5M  
City-State-Zip: MIAMI BEACH FL 33140

Title            VP  
Name            VITO, AMENO  
Address        5555 COLLINS AVE  
                  UNIT 5K  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            ARNOLD, STEVE  
Address        5555 COLLINS AVE  
                  UNIT 6G  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            ESHRAGHI, ADRIEN  
Address        5555 COLLINS AVENUE  
                  UNIT 15F  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            MOLGAT, TODD  
Address        5555 COLLINS AVENUE  
                  UNIT 16H  
City-State-Zip: MIAMI BEACH FL 33140

*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: STEPHEN H ROSEN**

**PRESIDENT**

**04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date