

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006032

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

**Current Principal Place of Business:**

16500 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

ADMINISTRATION OFFICE  
16500 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 03-0478036

**Certificate of Status Desired:** Yes

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE, 11TH 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LEVINSON, PAUL  
Address 16500 COLLINS AVE, UNIT #2851  
City-State-Zip: SUNNY ISLES BEACH FL 33160-4593

Title VP/S  
Name POLIAKOVA, NATALIA  
Address 16500 COLLINS AVE, UNIT # 2652  
City-State-Zip: SUNNY ISLES BEACH FL 33160-4593

Title T  
Name SCHWEIFEL, GARY  
Address 16500 COLLINS AVE, UNIT #1654  
City-State-Zip: SUNNY ISLES BEACH FL 33160-4593

*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

**PRESIDENT**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date