| Entity Name: | CC3015636386 | |
|---|--|---|
| Current Princ | pal Place of Business: | 000010000000 |
| 16485 COLLINS A | V | |
| #436 SUNNY ISLES BE | ACH, FL 33160 | |
| Current Mailir | g Address: | |
| 16485 COLLIN #436 | S AV | |
| | BEACH, FL 33160 US | |
| FEI Number: 20-1645059 Certif | | Certificate of Status Desired: No |
| Name and Ad | dress of Current Registered Agent: | |
| SUAYA, DAVID E 16485 COLLINS A #436 SUNNY ISLES BE | V ACH, FL 33160 US | |
| The above named e | ntity submits this statement for the purpose of changing its registered office or regi | stered agent, or both, in the State of Florida. |
| SIGNATURE: | DAVID E SUAYA | 01/25/2018 |
| | Electronic Signature of Registered Agent | Date |
| Officer/Direct | or Detail : | |

| 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT | |
|---|--|
| | |

DOCUMENT# N0300009148

Entity Name: INTERCOASTAL MARINA ASSOCIATION AT OCEANIA, INC.

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: DAVID E SUAYA

Electronic Signature of Signing Officer/Director Detail

01/25/2018

FILED Jan 25, 2018 **Secretary of State**

IGGINS, JOHN 6445 COLLINS AV 1425 UNNY ISLES BEACH FL 33160

DP

Title DVP

Difficer/Director Detail : Title DP

City-State-Zip: SUNNY ISLES BEACH FL 33160

| The | DF | THE | D v |
|-----------------|----------------------------|-----------------|-----------|
| Name | SUAYA, DAVID E | Name | HIC |
| Address | 16485 COLLINS AV #436 | Address | 164 #1 |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 | City-State-Zip: | SU |
| Title | DST | | |
| Name | PICCIANO, JOHN | | |
| Address | 16500 COLLINS AV #2054 | | |