

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N37260

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

**Current Principal Place of Business:**

16445 COLLINS AVE.  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16445 COLLINS AVE.  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 65-0181706

**Certificate of Status Desired:** Yes

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

ROSSIN & BURR, PLLC.  
ROSSIN & BURR, PLLC  
1550 SOUTHERN BOULEVARD SUITE 100  
WEST PALM BEACH, FL 33406 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:** EMILY CESHKER

12/07/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PEREZ, FIDEL MR.  
Address        16445 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            SECRETARY  
Name            CESHKER, EMILY MS.  
Address        16445 COLLINS AVE.  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            TREASURER  
Name            LEVINE, JOEL  
Address        16445 COLLINS AVE.  
                  APT 524  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            VICE-PRESIDENT  
Name            MORRIS, COLIN  
Address        16445 COLLINS AVE.  
                  WS5B  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            DIRECTOR  
Name            FAITON, DANIEL  
Address        16445 COLLINS AVE  
                  228  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** EMILY CESHKER

**ASSISTANT MANAGER**

12/07/2018

Electronic Signature of Signing Officer/Director Detail

Date