

**2015 FLORIDA NOT FOR PROFIT CORPORATION 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:** No

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

ST. JOHN ROSSIN, PODESTO & BURR, PLLC.  
C/O ST JOHN, ROSSIN PODESTA & BURR, PLLC.  
CENTURION TOWER, 1601 FORUM PLACE SUITE 700  
WEST PALM BEACH, FL 33401 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:** ST. JOHN ROSSIN PODESTA & BURR, PLLC.

01/20/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name POL, RICHARD MR.  
Address 16445 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title T  
Name BURLIN, BRUCE MR.  
Address 16445 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VP  
Name SCHULTZ, KATHARINA DR.  
Address 16445 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

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

Title S  
Name MINCOW, ROBERT MR.  
Address 16445 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES 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

**DIRECTOR**

01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date