FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

743375

(8)

OCEANSIDE PLAZA CONDOMINIUM ASSOCIATION, INC.							
Principal Pla	ce of Business	Mailing Address			-	<u> </u>	
5555 COLLINS AVENUE 5555 COLLINS AVENUE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-255			59				
					3. Date Incorporated or Qualified 06/26/1978	3a. Date of Last Report 02/02/1996	
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-1863246	Applied For Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Counti	у	8. This corporation has liability for		
24	25 9. Name and Address of Curr		30		Florida Statutes 10. Name and Address of New Re		
	a. Hading and Modicas of Cuff	eur uafiereian whalir	8	1 Name	IV. Harrie and Address of Heat No	Rieses an schaue	
MOSKOVITZ, ROBERT			8:		ddress (P.O. Box Number is Not Acceptable)		
5555 C	OLLINS AVE., OFFICE		8:				
Miami I	BEACH FL 33140		•	•			
			8-	1 ***		FL 85 Zip Code	
11. Pursuan office or agent. I	it to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 617.1508, Florida Statute ite of Florida. Such change was a igations of, Section 617.0503, Flo	es, the about outhorized to orida Statute	ve-named corp by the corporal es.	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered	
SIGNATURE	Signature typed or printed name of registered a	agent and little if applicable. (NOTE	E: Registered A	gent signature requi	red when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE			Change Addition	
NAME	MOSKOVITZ, ROBERT		1.2 NAME	:			
STREET ADDRESS	5555 COLLINS AVE #9J		1.3 STRE	ET ADDRESS			
CITY - ST - ZIP	MIAMI BCH FL		1.4 CITY	-ST-ZIP			
TITLE			2.5 TITLE			Change Addition	
NAME	Greature, Frentiers		2.2 NAMI	·			
STREET ADDRESS	1	5555 COLLINS AVE #9K		et address			
CITY-ST-ZIP			2. 4 C/TY				
TITLE	1	SD DELETE 31		1		☐ Change ☐ Addition	
NAME	MILLER, BERNARD		3 2 NAM				
STREET ADDRESS	AAAA AACIDIIA x			ET ADDRESS			
CITY-S1-ZIP			3.4. CITY			☐ Change ☐ Addition	
TITLE	_		4.1 TITLE 4.2 NAM			Creating Manager	
NAME DEDICET ADDRESS	SCHWARETZBEN, MELVYN			ET ADDRESS			
STREET ADDRESS DITY-ST-ZIP	***************************************	J	4.3 STRC				
TITLE	MIAMI BEACH FL TD	DELETE	5.1 TITLE			Change Addition	
NAME	REINGOLD, MARTIN	•	5.2 NAMI			• •	
STREET ADDRESS		RT		ET ADDRESS			
CITY-ST-2IP	MIAMI BEACH FL	VI	5.4 CITY	1			
TITLE			6.1 TITLE			Change Addition	
NAME	KARPEL, ISAAC		6.2 NAM			-	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	MIAMI BCH FL			-ST-ZIP			
14. I do her	eby certify that the information supp		fy for the ex	emption state	d in Section 119.07(3)(i), Florida Statute		
l am an	tion indicated on this annual report of officer or director of the corporation s in Block 12 or Block 13 if changed.	or the receiver or trustee empow	ered to exe	curate and that scute this repo	t my signature shall have the same lega rt as required by Chapter 617, Florida S	arenect as ir made under oath; that Statutes; and that my name	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

resseorn Pres.

FILED

Jan 24 1997 8:00am

Secretary of State