Applied For

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752257

1. Corporation Name

1446 OCEAN DRIVE ASSOCIATION, INC.

Principal Place of Business 1446 OCEAN DRIVE P O BOX 41-4110 MIAMI BEACH FL 33141

2. Principal Place of Business

_ Suite, Apt, #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

C/O WOODS MANAGEMENT 2740 W 5 AVE HIALEAH FL 33010

US

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FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90117 040 ****61.25



3. Date incorporated or Qualifed

04/30/1980

4. FEI Number

City & State City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country Addition Fee Required \$5.00 May 8e Added to Fees Added to Fees Fees Required \$5.00 May 8e Added to Fees Fees Required \$5.00 May 8e Added to Fees Trust Fund Contribution Normal and Address of Current Registered Agent To Name and Address of Now Registered Agent Thomas and Address of Current Registered Agent Thomas and Address of Current Registered Agent Thomas and Address of Now Registered Agent Thomas and Ad			27				59-1684364		Not	Applicable
State Stat	City & State			/ & State					\$8.75 A	dditional
Zip Country Zip Country Zip Country S. Election Campaign Financing S. 5.00 May 9e Added to Fees Post Fund Control Union Post Fund	一	•	— — ·	,			5. Certificate of Statu	is Desired	Fee Rec	juired
28 29 30 Trust Fund Contribution Added to Fees		Country			Country		6 Election Campain	n Financing	\$5.00 \	Jav Be
9. Name and Address of Current Registered Agent WOODS MANAGEMENT 11600 N.E. 10TH AVENUE 2740 W 5 AVE. HALEAH FL 33010 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. 183					¬ ·		1	· I_	•	- 1
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 617.050. Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE OFFICERS AND DIRECTORS 13. TITLE OFFICERS AND DIRECTORS IN 12 12. WARE STARR, RITA SIGNATURE OFFICERS AND DIRECTORS 13. TITLE OFFICERS AND DIRECTORS IN 12 Change Addition THE ONA STARR, RITA 12. WARE 12. WARE 13. TITLE OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition THE ONA MAMI BEACH FL OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition THE ONA STREET ADDRESS COPY ST. CP MAMI FL 33156 DELETE 13. TITLE DELETE 14. TITLE DELETE 14. TITLE DELETE 15. TITLE DELETE 1		5. Name and Address of	Current Registered	a Agent	81	Name				
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14. Liberaby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information				☐ DELETE	6.1 TITLE			ik.	Change	Addition
14. Liberaby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME	WINCELE, HOWARD			6.2 NAME	ŀ	MUNDZ, RICI	ARUO 1	- /	
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The level county that the information supplies and the level and the level have the same level effect as if made under oath; that I am an	14. hereby /	certify that the information su	pplied with this filing	does not qualify for th	re exempti	on stated	in Section 119.07(3)(i), Flor	ida Statutes. I furtne	r certify that the in	formation

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that an afficiency 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-389-088