


FILE NOW: FILING FEE IS \$61.25

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

02-24-1999 90117 040 ****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			Mailing Address C/O WOODS MANAGEMENT 2740 W 5 AVE HIALEAH FL 33010 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/30/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1684364	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip	
24		25		29	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WOODS MANAGEMENT 11600 N.E. 10TH AVENUE 2740 W 5 AVE HIALEAH FL 33010			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			FL 85. Zip Code		

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STARR, RITA			1.2 NAME	CASANOVA, CLAUDIA		
STREET ADDRESS	1446 OCEAN DR. #38			1.3 STREET ADDRESS	2025 Brickell Ave, #704		
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CITY-ST-ZIP	MIAMI, FL 33129		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAZZARESE, JOSEPH			2.2 NAME			
STREET ADDRESS	6898 SE 130 TERRACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			2.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GARANTE, FRAN			3.2 NAME	ZAYAS, ESTHER		
STREET ADDRESS	1446 OCEAN DRIVE #18			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	BENEDI, MARGARITA	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BELKOV, RAPHAEL			4.2 NAME			
STREET ADDRESS	895 WEST DILIDO DRIVE			4.3 STREET ADDRESS	1446 Ocean Drive, #22		
CITY-ST-ZIP	MIAMI BEACH FL			4.4 CITY-ST-ZIP	Miami Beach FL 33139		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, ROBERTO			5.2 NAME	GALI, ROLANDO		
STREET ADDRESS	1446 OCEAN DRIVE, APT 30			5.3 STREET ADDRESS	5741 SW 5 ST		
CITY-ST-ZIP	MIAMI BEACH FL 33139			5.4 CITY-ST-ZIP	MIAMI FL 33144		
TITLE	DP	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINCELE, HOWARD			6.2 NAME	MUNDZ, RICARDO		
STREET ADDRESS	1446 OCEAN DR. #29			6.3 STREET ADDRESS	136 SW 8 Street, #1		
CITY-ST-ZIP	MIAMI BEACH FL			6.4 CITY-ST-ZIP	MIAMI FL 33130		

14. I hereby certify 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 indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)