

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90248 006 ***150.00

DOCUMENT # F01000002674

1. Entity Name
RESIDENCES AT OCEAN GRANDE, INC.



Principal Place of Business
18101 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160

Mailing Address
18101 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160

34030043



2. Principal Place of Business
18001 Collins Ave

3. Mailing Address
18001 Collins Avenue

03312004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
31st Floor

Suite, Apt. #, etc.
31st Floor

City & State
Sunny Isles Beach, FL

City & State
Sunny Isles Beach, FL

4. FEI Number
65-1078796

Applied For
Not Applicable

Zip
33160

Country
USA

Zip
33160

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DV ☒ Delete
NAME DEZER, MICHAEL
STREET ADDRESS 18101 COLLINS AVE.
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE PD ☒ Delete
NAME DEZER, GILHAEL
STREET ADDRESS 18101 COLLINS AVE.
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE DST ☒ Delete
NAME DEZERTZOV, NEOMI
STREET ADDRESS 18101 COLLINS AVE.
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☒ Change ☒ Addition
NAME DEZER, GIL
STREET ADDRESS 18001 COLLINS AVENUE
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE VP ☐ Change ☒ Addition
NAME DEZERTZOV, ESTEE
STREET ADDRESS 89 FIFTH AVE. 11th FLR
CITY-ST-ZIP NY, NY 10003

TITLE SECY ☐ Change ☒ Addition
NAME SALMON, LESLIE
STREET ADDRESS 89 FIFTH AVE. 11th FLR
CITY-ST-ZIP NY, NY 10003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leslie Salmon* LESLIE SALMON

4/7/04

212/9291285
1240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #