

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000088

FILED
Apr 29, 2009
Secretary of State

Entity Name: 200 OCEAN DRIVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 OCEAN DRIVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O BLUE LEAF LLC
P.O. BOX 190239
MIAMI BEACH, FL 33119

New Mailing Address:

FEI Number: 87-0720413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE LEAF, LLC
601 COLLINS AVENUE, STE A
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MILLER, DAVID
Address: 1001 N FEDERAL HIGHWAY, STE. 248
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: DVP () Delete
Name: HEISS, RICHARD
Address: 1001 N FEDERAL HIGHWAY, STE. 248
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: DTS () Delete
Name: WHITLAM, DOUGLAS
Address: 1001 N FEDERAL HIGHWAY, STE. 248
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MILLER, DAVID
Address: 200 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: DVP (X) Change () Addition
Name: HEISS, RICHARD
Address: 200 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: DTS (X) Change () Addition
Name: WHITLAM, DOUGLAS
Address: 200 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID MILLER

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date