2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N00000007143

Entity Name: OCEAN VIEW TOWNHOMES-I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16657 NE 35TH AVENUE
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

16657 NE 35TH AVENUE
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 65-1093818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON, RALPH
16657 NE 35TH AVENUE
NORTH MIAMI BEACH, FL 33160 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:	STD	( ) Delete
Name:	JONES-KELLER, MARGARET	
Address:	16669 NE 35TH AVENUE	
City-St-Zip:	NORTH MIAMI BEACH, FL 33160	
Title:	PD	( ) Delete
Name:	DIXON, RALPH	
Address:	16657 NE 35TH AVENUE	
City-St-Zip:	NORTH MIAMI BEACH, FL 33160	
Title:	VPD	( ) Delete
Name:	ASHER, SUISSA	
Address:	16667 NE 35TH AVENUE	
City-St-Zip:	NORTH MIAMI BEACH, FL 33160	
Title:	VPD	( ) Delete
Name:	WADI, VISH	
Address:	16661 NE 35TH AVE	
City-St-Zip:	NORTH MIAMI BEACH, FL 33160	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: RALPH DIXON PD 01/16/2009

Electronic Signature of Signing Officer or Director — Date