
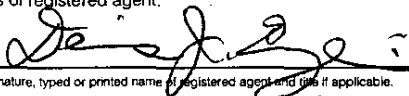
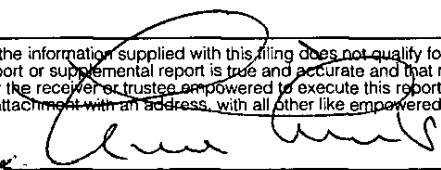


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90003 008 \*\*\*\*61.25

<b>DOCUMENT # N02000006032</b> 1. Entity Name <b>OCEANIA V CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>16500 COLLINS AVE SUNNY ISLES, FL 33160</b>			Mailing Address <b>16500 COLLINS AVE SUNNY ISLES, FL 33160</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
01062004 Chg-NP CR2E037 (10/03)				4. FEI Number <b>03-0478036</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>POLIAKOFF, GARY A BECKER &amp; POLIAKOFF, P.A. 3111 STIRLING ROAD FT LAUDERDALE, FL 33312</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>DENNIS J. EISINGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>PHILLIPS EISINGER &amp; BROWN, PA 4000 HOLLYWOOD BLVD., SUITE 265-S HOLLYWOOD FL 33021</b>		
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  DATE <b>1/12/03</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERLIN, GEORGE 19501 BISCAYNE BLVD STE 400 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT CLIVE LEWIS 16500 COLLINS AVE SUNNY ISLES BEACH, FL 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GENNETT, DAR 19501 BISCAYNE BLVD STE 400 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRES CHRIS HUMBERSTONE 16500 COLLINS AVE SUNNY ISLES BEACH, FL 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMINE, MARIO 19501 BISCAYNE BLVD STE 400 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY / TREASURER BORUCH FREEDMAN 16500 COLLINS AVE SUNNY ISLES BEACH, FL 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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:  <b>CLIVE LEWIS</b> 1/7/2004 305-944-7700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

#NO2000006032

44002093

OCEANIA V CONDOMINIUM ASSOCIATION, INC.

ADMINISTRATION OFFICE

16500 Collins Avenue • Sunny Isles Beach • Florida 33160  
Phone 305-944-7700 • Fax 305-944-7272

MEMORANDUM

TO: Dennis Eisinger, Esq.

FROM: J. Cleon Mallét

DATE: January 7, 2004

REF: REGISTERED AGENT

Good morning Mr. Eisinger,

Attached is our Corporate Annual Report form with a filing fee check in the amount of \$61.25 enclosed.

Please complete the change of registered agent, box 7, and mail to Division of Corporations in the enclosed envelope.

Thank you.  
Cleon