

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90079 023 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                                                    |  |                                                                                                                   |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N02000006032</b><br>1. Entity Name<br><b>OCEANIA V CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                    |  |                                                                                                                   |                                                                              |
| Principal Place of Business<br><b>16500 COLLINS AVE<br/>SUNNY ISLES FL 33160</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              | Mailing Address<br><b>16500 COLLINS AVE<br/>SUNNY ISLES FL 33160</b>               |  |                                                                                                                   |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              | 3. Mailing Address<br>Suite, Apt. #, etc.                                          |  |                                                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              | City & State                                                                       |  | 4. FEI Number<br><b>03-0478036</b>                                                                                |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              | Country                                                                            |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                   |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>EISINGER, DENNIS J<br/>PHILLIPS EISINGER &amp; BROWN, PA<br/>4000 HOLLYWOOD BLVD., SUITE 265-S<br/>HOLLYWOOD FL 33021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                                                    |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                              |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              |                                                                                    |  |                                                                                                                   |                                                                              |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PD<br>LEWIS, CLIVE P<br>16500 COLLINS AVE<br>SUNNY ISLES BEACH FL 33160                      |                                                                                    |  | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VTD<br>HUMBERSTONE, CHRIS VP<br>16500 COLLINS AVE<br>SUNNY ISLES BEACH FL 33160              |                                                                                    |  | <input type="checkbox"/> Delete                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SD<br>FREEDMAN, BORUCH ST<br>16500 COLLINS AVE<br>SUNNY ISLES BEACH FL 33160                 |                                                                                    |  | <input checked="" type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SECRETARY / TREASURER<br>GEORGE STELLWEG<br>16500 COLLINS AVE<br>SUNNY ISLES BEACH, FL 33160 |                                                                                    |  | <input type="checkbox"/> Delete                                                                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                             |                                                                                    |  | <input type="checkbox"/> Delete                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                             |                                                                                    |  | <input type="checkbox"/> Delete                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                             |                                                                                    |  | <input type="checkbox"/> Delete                                                                                   | <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. |                                                                                              |                                                                                    |  |                                                                                                                   |                                                                              |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                                                                                    |  | <b>CLIVE LEWIS</b><br><b>3/25/2005 305-944-7100</b><br><small>Date Day/mo Phone #</small>                         |                                                                              |