

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 26, 2004  
Secretary of State**

DOCUMENT# N02000006329

Entity Name: OCEAN GRANDE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

18001 COLLINS AVE.  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

SOUTH FLORIDA MANAGEMENT  
8880 SW 47TH CT  
MIAMI, FL 331561700

**New Mailing Address:**

18001 COLLINS AVE.  
SUNNY ISLES BEACH, FL 33160

FEI Number: 30-0166804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSEN, BOB  
SOUTH FLORIDA MANAGEMENT, INC  
8880 SW 47TH CT  
MIAMI, FL 331561700 US

**Name and Address of New Registered Agent:**

SHEAR, DAVID  
201 ALHAMBRA CIRCLE  
601  
CORAL GABLES, FL 33134 US

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: DAVID SHEAR

02/26/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: DEZER, MICHAEL  
Address: 18001 COLLINS AVE.  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: STD ( ) Delete  
Name: DEZERTZOV, NEOMI  
Address: 18001 COLLINS AVE.  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: PD ( ) Delete  
Name: DEZER, GIL  
Address: 18001 COLLINS AVE.  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ASAT (X) Delete  
Name: ROSEN, BOB  
Address: 8880 SW 47TH CT  
City-St-Zip: MIAMI, FL 331561700

**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 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 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: GIL DEZER

P

02/26/2004

Electronic Signature of Signing Officer or Director

Date