

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90427 036 ****61.25

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1. Entity Name
**OCEAN GRANDE PROPERTY OWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**18001 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160**

Mailing Address
**18001 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160**



04062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0166804

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DEZER, MICHAEL
18001 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
DEZERTZOV, NEOMI
18001 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DEZER, GIL
18001 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #