

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

94075180



04182004 Orig-NP CRE0037 (10/03)

DOCUMENT # N03000000882 7. Entity Name OCEAN THREE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 17070 COLLINS AVENUE SUITE 263 SUNNY ISLES BEACH, FL 33160		Mailing Address 17070 COLLINS AVENUE SUITE 263 SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business 18911 Collins Ave. Suite, Apt. #, etc.		3. Mailing Address 18911 Collins Ave. Suite, Apt. #, etc.	
City & State Sunny Isles Beach FL		City & State Sunny Isles Beach FL	
Zip 33160		Zip 33160	
Country USA		Country USA	
6. Name and Address of Current Registered Agent COLEMAN, MARC 17070 COLLINS AVENUE SUITE 263 SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name: Mike Hyman Street Address (P.O. Box Number is Not Acceptable): 150 West Flagler # 2701 City: Miami FL Zip Code: 33130	
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: 4/19/04	
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: COLEMAN, MARC STREET ADDRESS: 17070 COLLINS AVENUE SUITE 263 CITY-ST-ZIP: SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Joe Story STREET ADDRESS: 18911 Collins Ave CITY-ST-ZIP: Sunny Isles Beach FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: LOSADA, ALLEN STREET ADDRESS: 17070 COLLINS AVENUE SUITE 263 CITY-ST-ZIP: SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE: VP/Treasurer NAME: Isaac Al boukrek STREET ADDRESS: 18911 Collins Ave CITY-ST-ZIP: Sunny Isles Beach FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: VANEGAS, HUMBERTO STREET ADDRESS: 2628 CORAL WAY PH SUITE CITY-ST-ZIP: MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete	TITLE: Secretary NAME: Betti Lidsky STREET ADDRESS: 18911 Collins Ave CITY-ST-ZIP: Sunny Isles Beach FL 33160	<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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:		DATE: 4.20.04	