

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000000055

1. Entity Name
 OCEANVIEW, BUILDING A, CONDOMINIUM
 ASSOCIATION, INC.



Principal Place of Business
 19390 COLLINS AVE.
 SUNNY ISLES, FL 33160

Mailing Address
 19390 COLLINS AVE.
 SUNNY ISLES, FL 33160



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1289196	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, PA
 121 ALHAMBRA PLAZA
 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, 2007**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

000000514495
 02/06/07-80033-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, THEODORE 19390 COLLINS AVE. #405A SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RABINOVICH, YAN 19390 COLLINS AVE. #811 SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERNICAT, OLIVER 19390 COLLINS AVE. #402A SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 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: Th Harrison 1/10/07 305-692-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/10/07

Daytime Phone # 305-931-5205