

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90039 004 ****70.00

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1. Entity Name

OCEAN DRIVE ESTATES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

241 SE 9TH AVENUE
UNIT 209
POMPANO BEACH FL 33060

Mailing Address

241 SE 9TH AVENUE
UNIT 209
POMPANO BEACH FL 33060



2. Principal Place of Business - No P.O. Box #

Ocean Drive Estates
241 SE 9th Ave Apt 209
Pompano Beach FL

3. Mailing Address

P.O. Box 612243
Suite, Apt. #, etc.
Pompano Beach

1st MOORE

CR2E037 (10/07)

City & State

Pompano Beach FL
33060 Broward

City & State

Pompano Beach
33061 Broward

4. FEI Number

20-3895030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
10 NW JEUNE ROAD, STE 500
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 signatory applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D POSADA, ALEJANDRA ☐ Delete
NAME
STREET ADDRESS 241 SE 9TH AVENUE, UNIT 209
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D BUSTAMANTE, MARIELLA ☐ Delete
NAME
STREET ADDRESS 241 SE 9TH AVENUE, UNIT 205
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D COLON, FELIXBERTO ☐ Delete
NAME
STREET ADDRESS 241 SE 9TH AVENUE, UNIT 106
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/29/08