# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2008 8:00 am**
**Secretary of State**
01-14-2008 90085 027 ****70.00

DOCUMENT # N06000009633

1. Entity Name
OCEAN FOUR CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 11980 SW 144TH CT, SUITE 211<br>MIAMI, FL 33186 | 11980 SW 144TH CT, SUITE 211<br>MIAMI, FL 33186 |

01032008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 17201 Collins Ave | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Sunny Isles Beach, FL | City & State |
| Zip: 33160 Country: USA | Zip Country |

4. FEI Number 20-5569059 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

ATLANTIC & PACIFIC MANAGEMENT
800 PALM TRAIL
SUITE 2
DELRAY BEACH, FL 33483

**7. Name and Address of New Registered Agent**

Name: EB MANAGEMENT GROUP
Street Address (P.O. Box Number is Not Acceptable): 11980 SW 144th Ct Suite 211
City: MIAMI FL Zip Code: 33186

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: Edgardo Romano 1/8/08
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, 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRES<br>FELDMAN, GREGORY<br>17201 COLLINS AVE., #3001<br>SUNNY ISLES, FL 33160 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>11980 SW 144th Ct #211<br>Miami FL 33186 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BARUCH, KALMAN DR.<br>100 STUART STREET<br>SAVANNAH, GA 31405 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>11980 SW 144th Ct #211<br>Miami, FL 33186 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SEC<br>ROMANO, EDGARDO<br>6767 COLLINS AVE., # 1904<br>MIAMI BEACH, FL 33141 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>11980 SW 144 Ct #211<br>Miami, FL 33186 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TRES<br>ARBELEAZ, JORGE<br>17201 COLLINS AVE., # 506<br>SUNNY ISLES, FL 33160 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>DEVERMAN, DOV<br>17201 COLLINS AVE., # 1002<br>SUNNY ISLES, FL 33160 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>11980 SW 144th Ct #211<br>Miami, FL 33186 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Edgardo Romano Edgardo Romano 1/8/08 786.207.2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #