2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000009633

Title:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Name: OCEAN FOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 17201 COLLINS AVE SUNNY ISLES, FL 33160 **Current Mailing Address: New Mailing Address:** 11980 SW 144TH CT, SUITE 211 MIAMI, FL 33186 FEI Number: 20-5569059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **EB MANAGEMENT GROUP** 11980 SW 144TH CT STE 211 MIAMI, FL 33186 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete FELDMAN, GREGORY Name: Name: 11980 SW 144TH CT 211 Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BARUCH, KALMAN DR. Name: Address: 11980 SW 144TH CT 211 Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: SEC () Delete Title: TRES (X) Change () Addition ROMANO, EDGARDO Name: HANLON, THOMAS Name: 11980 SW 144 CT 211 Address: Address: 11980 SW 144 CT 211 City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186 Title: DIR () Delete Title: () Change () Addition Name: DEVERMAN, DOV Name: Address: 11980 SW 144TH CT 211 Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SEC

FUEGUEL, BOB

MIAMI, FL 33186

11980 SW 144 COURT 211

() Change (X) Addition

SIGNATURE: DIR/DOV DEVERMAN DIR 04/30/2008

() Delete