

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29998

FILED
Apr 23, 2006
Secretary of State

Entity Name: OCEAN 36 NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

OCEAN 36 NORTH CONDO ASSOC.
3600 COLLINS AVE
MIAMI BCH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 403818
MIAMI BEACH, FL 331401818 US

New Mailing Address:

FEI Number: 65-0174033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, AARON
3600 COLLINS AVE.
#303
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: KATZ, AARON, DR.,
Address: 3600 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL

Title: D () Delete
Name: TABAK, MEIR,
Address: 3600 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL

Title: VD () Delete
Name: WEISNER, JACK
Address: 3600 COLLINS AVE, \$401
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD () Delete
Name: KALISCH, KARL,
Address: 3600 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL

Title: SD () Delete
Name: ZELINGER, ALAN
Address: 3600 COLLINS AVE #306
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: WEINGARTEN, MOSHE
Address: 3600 COLLINS AVE #502
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: AARON KATZ

PD

04/23/2006

Electronic Signature of Signing Officer or Director

Date