2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33246

FILED Apr 25, 2008 Secretary of State

Entity Name: OCEAN 36 SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: OCEAN 36 SOUTH CONDO ASSOC 3588 COLLINS AVE MIAMI BEACH, FL 33140 **New Mailing Address: Current Mailing Address:** C/O BEACH PROPERTIES INC P O BOX 403818 MIAMI BEACH, FL 331401818 US FEI Number: 65-0174033 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: LIPSKAR, JOSEPH MANAGER 3100 COLLINS AVE **GROUND FL OFFICE** MIAMI BEACH, FL 33140 US 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: () Delete () Change () Addition RUIZ, ZULIMA MRS, Name: Name: 3588 COLLINS AVE #504 Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: () Delete Title: () Change () Addition GUTMAN, JOSEPH Name: Name: Address: 3588 COLLINS AVE 206 Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: SEC () Delete Title: () Change () Addition SIMON, GLUCK MR Name: Name: Address: 3588 COLLINS AVE #302 Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: () Delete Title: () Change () Addition Name: YANEZ, ANDREW Name: Address: 3588 COLLINS AVE #404 Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: () Delete Title: () Change () Addition HELRING, J VP Name: Name: 3588 COLLINS AVE Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: Title: () Change () Addition () Delete CHEIN MRS Name: Name: Address: 3588 COLLINS AVE Address: MIAMI BEACH, FL 33140 City-St-Zip: 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.

SIGNATURE: J GUTTMAN P 04/25/2008