2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N94000001338

Entity Name: 301 OCEAN DRIVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

301 OCEAN DRIVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

301 OCEAN DRIVE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1235747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAPPAN, ROBERT
1234 WASHINGTON AVENUE
#303
MIAMI BEACH, FL 33139 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:	D	( ) Delete
Name:	LUCE, CLOTILDE	
Address:	301 OCEAN DRIVE STE 508	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	D	( ) Delete
Name:	LANGER, MAUREEN	
Address:	301 OCEAN DRIVE., SUITE 509	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	PD	( ) Delete
Name:	DELVECCHIO, FRANK	
Address:	301 OCEAN DR STE 604	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	TD	( ) Delete
Name:	HEA, JACQUELINE	
Address:	301 OCEAN DRIVE, SUITE 406	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	SD	( ) Delete
Name:	DEL VECCHIO, JOSEPH	
Address:	301 OCEAN DR STE 206	
City-St-Zip:	MIAMI BEACH, FL 33139	

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:	

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: FRANK DELVECCHIO P 04/14/2009

Electronic Signature of Signing Officer or Director — Date