

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004942**

1. Entity Name

OCTAGON TOWERS CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90002 050 ****61.25

Principal Place of Business

**1881 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

Mailing Address

**% THE CONTINENTAL GROUP
2960 N.W. 28TH TERRACE
HOLLYWOOD FL 33020
US**

2. Principal Place of Business

3. Mailing Address

% INNV PRPTY MGMT SVCS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27553 S. DIXIE HWY

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33032**DADE**

4. FEI Number

65-0560049

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNOLD, DAVID C ESQ
8301 S.W. 164 STREET
MIAMI FL 33157-3640**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Delete
NAME	KREITMAN, GARY	
STREET ADDRESS	7226 S.W. 146 STREET CIRCLE	
CITY-ST-ZIP	MIAMI FL 33158	

TITLE	DVP	☐ Change ☒ Addition
NAME	JACOBS, RUSSELL	
STREET ADDRESS	1881 WASHINGTON AVENUE UNIT11A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	VP	☐ Delete
NAME	WRINREACH, TED	
STREET ADDRESS	1881 WASHINGTON AVE UNIT 16B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	DP	☒ Change ☐ Addition
NAME	WEINREICH, TED	
STREET ADDRESS	1881 WASHINGTON AVENUE UNIT16B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	P	☒ Delete
NAME	VENEGAS, RICARDO	
STREET ADDRESS	1881 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	D	☐ Change ☒ Addition
NAME	KREITMAN, HEATHER	
STREET ADDRESS	1881 WASHINGTON AVENUE UNIT14H	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	D	☐ Delete
NAME	WEIKEZ, SCOTT	
STREET ADDRESS	1881 WASHINGTON AVE UNIT 10A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	D	☒ Change ☐ Addition
NAME	WEIKEL, SCOTT	
STREET ADDRESS	1881 WASHINGTON AVENUE UNIT10 A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	D	☐ Delete
NAME	THRASHER, JEFFREY	
STREET ADDRESS	1881 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	DS	☐ Change ☒ Addition
NAME	ALBERT, SHAN	
STREET ADDRESS	1881 WASHINGTON AVENUE UNIT15F	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	D	☐ Delete
NAME	RIDOUT, CRAIG	
STREET ADDRESS	1881 WASHINGTON AVE 10B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	D	☐ Change ☒ Addition
NAME	FREEMAN, GREG	
STREET ADDRESS	1881 WASHINGTON AVENUE PH	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

ATTACHMENT

823401
DOC# N940000004942

D
HOFFSON, NEAL
1881 WASHINGTON AVENUE UNIT10E
MIAMI BEACH, FL 33139

XX Addition