

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90030 025 \*\*\*\*61.25

<b>DOCUMENT # N97000007207</b>					
<b>1. Entity Name</b> THE OHIO APARTMENT BUILDING CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1550 DREXEL AVE. MIAMI BEACH, FL 33139			<b>Mailing Address</b> 3550 BISCAYNE BLVD. #401 MIAMI, FL 33137		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0810626	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
COMPLETE PROPERTY MANAGEMENT, INC. 3550 BISCAYNE BLVD. #401 MIAMI, FL 33138			Name: <u>Four Points Property Management, Inc.</u> Street Address (P.O. Box Number is Not Acceptable): <u>740 West 20 St, 2nd Floor</u> <u>Hialeah, FL 33010</u> City: <u>FL</u> Zip Code:		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>4/11/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> RODGERS, RON <b>STREET ADDRESS</b> 1550 DREXEL AVE #102 <b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Michael Cleary <b>STREET ADDRESS</b> 1620 West Augusta Blvd #1W <b>CITY-ST-ZIP</b> Chicago, IL 60622	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> PITTSLEY, G. NEIL <b>STREET ADDRESS</b> 4025 MCGINNIS FERRY RD. #514 <b>CITY-ST-ZIP</b> SUWANEE, GA 30024	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Neil Pittsley <b>STREET ADDRESS</b> 543 E Lake Drive <b>CITY-ST-ZIP</b> Decatur, GA 30030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> RAHAGHI, DIANE <b>STREET ADDRESS</b> 1550 DREXEL AVE #108 <b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Adriana Witwer <b>STREET ADDRESS</b> 101 FAIRFAX DRIVE <b>CITY-ST-ZIP</b> York, PA 17403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> PITTSLEY, NEIL <b>STREET ADDRESS</b> 4025 MCGINNIS FERRY RD 514 <b>CITY-ST-ZIP</b> SUWANEE, GA 30024	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address, with all other like empowered.</b>					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/11/08</u> <small>Date</small>		
<small>Daytime Phone #</small>					

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