

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743375

Entity Name: OCEANSIDE PLAZA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5555 COLLINS AVENUE
EXECUTIVE OFFICE
MIAMI BEACH, FL 33140**Current Mailing Address:**C/O CASTLE MANAGEMENT LLC
12270 SW 3RD STREET 200
PLANTATION, FL 33325 US**FEI Number:** 59-1863246**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROGEL, DAVID H ESQUIRE
BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA - 10TH FLOOR
CORAL GABLES, FL 33134 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

Officer/Director Detail :

Title PRESIDENT
Name ROSEN, STEVE
Address 5555 COLLINS AVENUE
 UNIT 17-J
City-State-Zip: MIAMI BEACH FL 33140

Title TREASURER
Name SANCHEZ, MARY L
Address 5555 COLLINS AVE
 UNIT 5M
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name VITO, AMENO
Address 5555 COLLINS AVE
 UNIT 5K
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name CORONADO, FLOR
Address 5556 COLLINS AVE
 UNIT 11Y
City-State-Zip: MIAMI BEACH FL 33140

Title SECRETARY
Name FERNANDEZ, ENRIQUE
Address 5555 COLLINS AVE
 12T
City-State-Zip: MIAMI BEACH FL 33140

Title VP
Name SOLOW, MARK
Address 5555 COLLINS AVE
 UNIT 7N
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name DE LA PAZ, CARLOS
Address 5555 COLLINS AVENUE
 UNIT 10N
City-State-Zip: MIAMI BEACH FL 33140

I hereby 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 all other like empowered.

SIGNATURE: STEVE ROSEN**PRESIDENT****02/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date