

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 743375

**Entity Name:** OCEANSIDE PLAZA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Nov 02, 2018**  
**Secretary of State**  
**CC9686358965**

**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 P  
Name SEPE, MAURIZIO  
Address 5555 COLLINS AVENUE  
UNIT PH A  
City-State-Zip: MIAMI BEACH FL 33140

Title VP  
Name CORONADO MUNOZ, FLOR  
Address 5555 COLLINS AVE  
11Y  
City-State-Zip: MIAMI BEACH FL 33140

Title SECRETARY  
Name ARNOLD, STEVEN L  
Address 5555 COLLINS AVE  
UNIT 6G  
City-State-Zip: MIAMI BEACH FL 33140

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

Title D  
Name ROSEN, STEPHEN H.  
Address 5555 COLLINS AVE  
UNIT 17D  
City-State-Zip: MIAMI BEACH FL 33140

Title D  
Name MARTINEZ, JUAN  
Address 5555 COLINS AVENUE  
UNIT 4V  
City-State-Zip: MIAMI BEACH FL 33140

Title TREASURER  
Name AMADOR, ABEL  
Address 5556 COLLINS AVE  
UNIT 17H  
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: MAURIZIO SEPE**

**PRESIDENT**

**11/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date