

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000055

**Entity Name:** OCEANVIEW, BUILDING A, CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6501 CONGRESS AVENUE, SUITE 100  
BOCA RATON, FL 33487

**Current Mailing Address:**

C/O GRS MANAGEMENT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH , FL 33463 US

**FEI Number:** 90-0279280

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE PA  
1900 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 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 PD  
Name HARRISON, THEODORE  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title VD  
Name WORRALL , WILLIAMS  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title STD  
Name SKALET, BARNET  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

*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:** THEODORE HARRISON

PD

04/22/2015

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

\_\_\_\_\_  
Date