

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009633

Entity Name: OCEAN FOUR CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**17201 COLLINS AVENUE
MANAGEMENT OFFICE
SUNNY ISLES, FL 33160**Current Mailing Address:**17201 COLLINS AVENUE
MANAGEMENT OFFICE
SUNNY ISLES, FL 33160**FEI Number:** 20-5569059**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RONES, VICTOR K ESQ.
16105 N.E. 18TH AVENUE
NORTH MIAMI BEACH, FL 33162 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:** VICTOR K RONES

01/06/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, DIRECTOR

Name ANGOLA DIAZ, ADELINA

Address 17201 COLLINS AVENUE

City-State-Zip: SUNNY ISLES FL 33160

Title SECRETARY

Name WISH, VALENTINA

Address 17201 COLLINS AVENUE

City-State-Zip: SUNNY ISLES FL 33160

Title DIRECTOR

Name ZAMA, NCHE

Address 17201 COLLINS AVENUE

City-State-Zip: SUNNY ISLES BEACH FL 33160

Title PRESIDENT

Name HIRSCH, STEVEN

Address 17201 COLLINS AVENUE

City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VP

Name ROSENSTEIN, NICHOLAS

Address 17201 COLLINS AVENUE

City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR

Name ARGINTEANU , RONIT

Address 17201 COLLINS AVENUE

City-State-Zip: SUNNY ISLES BEACH FL 33160

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: ADELINA ANGOLA DIAZ**TREASURER**

01/06/2025

Electronic Signature of Signing Officer/Director Detail

Date