

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90024 014 ****61.25

DOCUMENT # 711606
 1. Entity Name
SUNDIAL TOWERS CONDOMINIUM, INC.

R

Principal Place of Business Mailing Address
8400 BYRON AVE. **8400 BYRON AVE.**
MIAMI BEACH FL 33141 **MIAMI BEACH FL 33141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1222305** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
YANKOWSKY, Z *Pres. + Dir*
8400 BYRON AV 5D
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
See attached form for sig *Pres on extended vacation*
 SIGNATURE DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE	<i>Dir</i> RAS, CHARLES	<input type="checkbox"/> Delete
NAME	8400 BYRON AVE 5D	
STREET ADDRESS	MIAMI BEACH FL 33141	
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KACZIENOWICZ, OKSAN	
STREET ADDRESS	8400 BYRON AVE 3F	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ZILL, MARY	
STREET ADDRESS	8400 BYRON AVE 4F	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLEY, J. F.	
STREET ADDRESS	8400 BYRON AVE 2C	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENITEZ, SEVERO C.	
STREET ADDRESS	8400 BYRON AVE 2F	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELLARO, FRANK	
STREET ADDRESS	8400 BYRON AVENUE 2A	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerment.

SIGNATURE: *Frank Sellaro* *Aug 8, 00* *July 8, mm*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)

FILE NOW: FILING FEE IS \$61.25

Attachment
#711606
B0104437

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711606 (4)
1. Corporation Name
SUNDIAL TOWERS CONDOMINIUM, INC.

Principal Place of Business: 8400 BYRON AVE. MIAMI BEACH FL 33141
Mailing Address: 8400 BYRON AVE. MIAMI BEACH FL 33141



2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-questions for Suite, City & State, and Zip/Country.

3. Date Incorporated or Qualified: 10/10/1966
4. FEI Number: 59-1222305
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes/No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes/No

9. Name and Address of Current Registered Agent
ZILL, MARY
8400 BYRON AVE.
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
81 Name: Vernon Yankowsky
82 Street Address: 8400 Byron Av
83 City: Miami Beach FL 33141
84 City: FL 85 Zip Code: 33141

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Vernon Yankowsky* DATE: Mar. 11, 1998

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ZILL, MARY	
STREET ADDRESS	8400 BYRON AVE	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KACZIENOWICZ, OKSAN	
STREET ADDRESS	8400 BYRON AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KELLEY, J. F.	
STREET ADDRESS	8400 BYRON AVE	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAS, CHARLES	
STREET ADDRESS	8400 BYRON AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENITEZ, SEVERO C.	
STREET ADDRESS	8400 BYRON AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YANKOWSKY, ZENON	
STREET ADDRESS	8400 BYRON AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZENON YANKOWSKY	
1.3 STREET ADDRESS	8400 BYRON AV.	
1.4 CITY-ST-ZIP	M.B. FL. 33141	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	STD MARY ZILL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	8400 BYRON AV.	
3.4 CITY-ST-ZIP	M.B. FL. 33141	
4.1 TITLE	J.F. Kelley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	8400 BYRON AV.	
4.4 CITY-ST-ZIP	M.B. FL. 33141	
5.1 TITLE	Frank Sellaro	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	8400 Byron Ave. 2A	
5.4 CITY-ST-ZIP	Miami Beach FL 33141	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Zill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-28-98
Date-time Phone: 305 364-1300