


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90023 024 \*\*\*\*61.25

**DOCUMENT # 711606**

1. Entity 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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



MOORE CR2E037 (11/03)

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  
8400 BYRON AV E.  
MIAMI BEACH FL 33141**

**7. Name and Address of New Registered Agent**

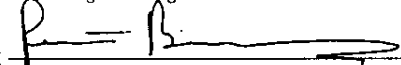
Name **Beregoway**

Street Address (P.O. Box Number is Not Acceptable)  
**8400 Byron Av**

**MIAMI Beach FL 33141**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>YANKOWSKY, Z.</b> <b>8400 BYRON AVE.</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>KETTMAN, MARIANNE</b> <b>8400 BYRON AVE.</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>ZILL, MARY</b> <b>8400 BYRON AVE 4F</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KELLEY, J. F.</b> <b>8400 BYRON AVE 2C</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE GEA, MARGARITA</b> <b>8400 BYRON AVE.</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SELLARO, FRANK</b> <b>8400 BYRON AVENUE 2A</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>R. Beregoway</b> all <b>8400 Byron Av</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>M. Kettman</b> <b>Mia.Bch, Fl 32141</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>M. Zill</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>J Kelley</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>M Degea</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>F. Sellaro</b> <b>D</b> <b>I. Nazarkewyz</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE:  **Mary Zill** **2/28/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #