


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90072 028 \*\*\*\*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.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country



1st MOORE CR2E037 (10/04)

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  
**BEREGOWAY, R.  
8400 BYRON AV E.  
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. I am familiar with, and accept the obligations of registered agent.  
**R. Beregoway on file**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**R. Beregoway**  
**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 P BEREGOWAY, R. STREET ADDRESS 8400 BYRON AVE. CITY-ST-ZIP MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME VPD KETTMAN, M. STREET ADDRESS 8400 BYRON AVE. CITY-ST-ZIP MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STD ZILL, M STREET ADDRESS 8400 BYRON AVE 4F CITY-ST-ZIP MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME D Asst. S/T KELLEY, J. STREET ADDRESS 8400 BYRON AVE 2C CITY-ST-ZIP MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME D DEGEA, M. STREET ADDRESS 8400 BYRON AVE. CITY-ST-ZIP MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME D SELARO, F. STREET ADDRESS 8400 BYRON AVENUE 2A CITY-ST-ZIP MIAMI BEACH FL 33141	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D Current No. 7 Nazarkewycz, I STREET ADDRESS 8400 Byron Av #4C CITY-ST-ZIP Miami Beach FL 33141	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D STREET ADDRESS CITY-ST-ZIP	<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: Joseph F. Kelley, D Asst. S/T 2/11/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

*Ballots were not used since with no nominations, & newer owners refusing to submit names for nom, 1 vote cast for reelection of above mem.*

305 861-9011  
305 861-8611